

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2008  
Secretary of State**

DOCUMENT# N03000007195

Entity Name: BENT OAK AT MEADOWRIDGE HOMEROWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

400 W. MORSE BLVD  
STE 101  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1748  
WINTER PARK, FL 327901748

**New Mailing Address:**

FEI Number: 20-0577619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDNER, ANDREW M  
400 W. MORSE BLVD  
STE 101  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV      ( ) Delete  
Name: PARK, JIM  
Address: 400 W. MORSE BLVD, STE 101  
City-St-Zip: WINTER PARK, FL 32789

Title: DP      ( ) Delete  
Name: GARDNER, CHRISTOPHER J  
Address: 400 W. MORSE BLVD, STE 101  
City-St-Zip: WINTER PARK, FL 32789

Title: DVT      ( ) Delete  
Name: GARDNER, ANDREW M  
Address: 400 W. MORSE BLVD, STE 101  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW GARDNER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVT

04/17/2008

\_\_\_\_\_  
Date