

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750637

FILED
Jan 05, 2010
Secretary of State

Entity Name: BENT OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

Current Mailing Address:

P O BOX 197043
WINTER SPRINGS, FL 32719

New Mailing Address:

FEI Number: 59-2056760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: DS
Name: MCREYNOLDS, REBEKAH
Address: 1832 LOST PINE LANE
City-St-Zip: APOPKA, FL 32712

Title: VPD
Name: JACKSON, ERVAN
Address: 1902 LOST PINE LANE
City-St-Zip: APOPKA, FL 32712

Title: D
Name: MARTIN, KATHI
Address: 544 WHISPERING PINE LANE
City-St-Zip: APOPKA, FL 32712

Title: D
Name: CHRISTIANSEN, BOB
Address: 2018 HIDDEN PINE LANE
City-St-Zip: APOPKA, FL 32712

Title: PD
Name: COMFORT, GWEN
Address: 431 KNOLL TREE LANE
City-St-Zip: APOPKA, FL 32712

Title: TD
Name: RAMSEY, WALT
Address: 1801 BLUFF OAK ST
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: GWEN COMFORT

P

01/05/2010

Electronic Signature of Signing Officer or Director

Date