**FILE NOW: FILING FEE AFTER MAY 1 IS $150.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 24 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754389 (5)

1. Corporation Name

**BENT PINE COMMUNITY ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ELLIOTT MANAGEMENT<br>1105 - 12TH ST.<br>VERO BCH. FL 32960 | C/O ELLIOTT MANAGEMENT<br>1105 - 12TH ST.<br>VERO BCH. FL 32960 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1980
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0048675 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 21 Elliott Merrill Mgmt. | 26 | | |
| Suite, Apt. #, etc.<br>22 1105 - 12th St. | Suite, Apt. #, etc.<br>27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State<br>23 VERO BEACH, FL | City & State<br>28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| Zip / Country<br>24 32960 25 USA | Zip / Country<br>29 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ELLIOT, RICHARD D.<br>ELLIOTT MANAGEMENT SYS<br>1105 12 ST<br>VERO BCH FL 32960 | 81 Name: Richard D. Elliott<br>82 Street Address (P.O. Box Number is Not Acceptable): Elliott Merrill Community Mgmt.<br>83 1105 - 12th Street<br>84 City: VERO BEACH FL 85 Zip Code: 32960 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard D. Elliott — DATE: 4-10-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSON, WILLIAM | 1.2 NAME | |
| STREET ADDRESS | 5797 MAGNOLIA LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KLUCHER, JOHN J. | 2.2 NAME | |
| STREET ADDRESS | 5800 BENT PINE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BCH. FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HODGES, JOHN | 3.2 NAME | |
| STREET ADDRESS | 5827 MAGNOLIA LN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☑ Change ☐ Addition |
| NAME | KINGSTON, ROBERT | 4.2 NAME | TD KINGSTON, ROBERT |
| STREET ADDRESS | 132 PRESTWICK CIRCLE | 4.3 STREET ADDRESS | 5880 Glen Eagle Lane |
| CITY-ST-ZIP | VERO BEACH FL | 4.4 CITY-ST-ZIP | VERO BEACH, FL 32967 |
| TITLE | D | 5.1 TITLE | ☑ Change ☐ Addition |
| NAME | MARIAN, ROBERT | 5.2 NAME | D MERIAN, ROBERT |
| STREET ADDRESS | 5880 TURNBERRY LN | 5.3 STREET ADDRESS | 5880 TURNBERRY LANE |
| CITY-ST-ZIP | VERO BEACH FL | 5.4 CITY-ST-ZIP | VERO BEACH, FL 32967 |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** John Hodges JOHN HODGES 4/10/95 407-569-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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