

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754389 (5)

1. Corporation Name

BENT PINE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**ELLIOTT MERRILL MGMT
1105-12TH STREET
VERO BEACH FL 32960
US**

**C/O ELLIOTT MANAGEMENT
1105 - 12TH ST.
VERO BCH. FL 32960**

3. Date Incorporated or Qualified
09/26/1980

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0048675

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

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

**ELLIOTT, RICHARD D
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET
VERO BEACH FL 32960**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	☒ DELETE
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	5797 MAGNOLIA LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	☐ DELETE
NAME	KLUCHER, JOHN J.	
STREET ADDRESS	5800 BENT PINE DRIVE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	PD	☒ DELETE
NAME	HODGES, JOHN	
STREET ADDRESS	5827 MAGNOLIA LN	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	☐ DELETE
NAME	KINGSTON, ROBERT	
STREET ADDRESS	5830 GLEN EAGLE LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☒ DELETE
NAME	MERIAN, ROBERT	
STREET ADDRESS	5880 TURNBERRY LN	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	NORMAND L. LeBLANC	
1.3 STREET ADDRESS	5740 Turnberry Lane	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
2.1 TITLE	SD	☐ Change ☒ Addition
2.2 NAME	AIME ARSENAULT	
2.3 STREET ADDRESS	114 Prestwick Circle	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	WARREN HEIM	
3.3 STREET ADDRESS	110 Prestwick Circle	
3.4 CITY-ST-ZIP	VERO Beach, FL 32967	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: X *Normand L. LeBlanc* **Normand L. LeBlanc** **2/12/96** **407-569-9853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)