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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 754

(5)

BENT PINE COMMUNITY ASSOCIATION, INC.

Principal Place of Business		Mailing Address				.,, .,,,,,,,,
lliott merrill mgmt 105-12th street Ero Beach fl 32960 S		C/O ELLIOTT MANAGEM 1105 - 12TH ST.	ENT			
		VERO BCH. FL 32960-3718				
				3. Date Incorporated or Qualified 09/26/1980	3a. Date of Last Re 04/23/199	port 6
Principal Place of Business		2a. Mailing Address		4. FEI Number	App	plied For
		26		65-0048675		t Applica
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 A	quired
City & State	e 	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip	Country	Zip	Country	8. This corporation has liability for in		199.032
 	25	29	30		Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	pistered Agent	
	DIGITION D		le i Mairie			
	, RICHARD D		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	MERRILL COMMUNITY MGMT		83			
1105-12TH STREET VERO BEACH FL 32960						
VENU DI	CAUN PL 32900		84 City		FL 85 Zip C	Code
office or r	egistered agent, or both, in the Sta	te of Florida Such change was	s authorized by the corpora	rporation submits this statement for the pi ation's board of directors. I hereby accep	t the appointment as r	registere
agent. I a	m familiar with, and accept the obli	igations of, Section 617.0503, I	Florida Statutes.			
NATURE .					DATE	
NATURE .	Signature, typed or printed name of registered a		Florida Statutes. OTE: Registered Agent signatura requirements 13.		DATE	
NATURE _	Signature, typed or printed name of registered a	igent and title if applicable (N	OTE: Registered Agent signature requ	uired when reinstaing)	DATE	S IN 12
NATURE .	Signature, typed or printed name of registered a OFFICERS A PD NORMAND L. LEBLANC	ugent and title if applicable (NO	OTE: Registered Agent signature requ	uired when reinstaing)	DATE ERS AND DIRECTORS	S IN 12
NATURE _	Signature, typed or printed name of registered a OFFICERS A PD NORMAND L. LEBLANC 5740 TURNBERRY LANE	ugent and title if applicable (NO	OTE: Registered Agent signature requirements 13.	uired when reinstaing)	DATE ERS AND DIRECTORS	S IN 12
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SIGNATURE:

NATURE AND TYPED OR PRINTEGRAME OF BIONING OFFICER OR DIRECTOR

Daytime Phone # 0020443

FILED

May 19 1997 8:00am

Secretary of State