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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

3. Date Incorporated or Qualified: 09/26/1980

4. FEI Number: 65-0048675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	NORMAND L. LEBLANC		1.2 NAME	BRONBERGER, JOSEPH	
STREET ADDRESS	5740 TURNBERRY LANE		1.3 STREET ADDRESS	5775 GLEN EAGLE LANE	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	☐ DELETE	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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARREN HEIM		3.2 NAME		
STREET ADDRESS	110 PRESTWICK CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	KINGSTON, ROBERT		4.2 NAME	KINGSTON, ROBERT	
STREET ADDRESS	5830 GLEN EAGLE LANE		4.3 STREET ADDRESS	5830 GLEN EAGLE LANE	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AIME ARSENAULT		5.2 NAME		
STREET ADDRESS	114 PRESTWICK CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 R Kluchar 4-20-98