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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754389

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	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/26/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0048675 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	SD	☐ DELETE	1.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	BROMBERGER, JOSEPH		1.2 NAME	Bromberger, Joseph	
STREET ADDRESS	5775 GLEN EAGLE LANE		1.3 STREET ADDRESS	5775 Glen Eagle Lane	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	Vero Beach, FL 32967	
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	Secretary	☐ Change ☑ Addition
NAME	WARREN HEIM		3.2 NAME	Heim, Nancy	
STREET ADDRESS	110 PRESTWICK CIRCLE		3.3 STREET ADDRESS	110 Prestwick Circle	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Vero Beach, FL 32967	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KINGSTON, ROBERT		4.2 NAME		
STREET ADDRESS	5830 GLEN EAGLE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Vice President	☐ Change ☑ Addition
NAME			5.2 NAME	Wahl, Michael	
STREET ADDRESS			5.3 STREET ADDRESS	5805 Turnberry Lane	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Vero Beach, FL 32967	
TITLE		☐ DELETE	6.1 TITLE	Director	☐ Change ☐ Addition
NAME			6.2 NAME	Heidell, Robert	
STREET ADDRESS			6.3 STREET ADDRESS	5787 Magnolia Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Vero Beach, FL 32967	

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, with all other like empowered.

SIGNATURE: Robert C. Kingston **REQUIRED** 3/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)