## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 14, 2004 8:00 am Secretary of State

DOCUMENT # 754389  1. Entity Name BENT PINE COMMUNITY ASSOCIATION, INC.								C	94-14-20				51.25
Principal Place of Business  ELLIOTT MERRILL MGMT  835 20TH PL  VERO BEACH, FL 32960 US  Mailing Address  ELLIOTT MERRILL MGMT  835 20TH PL  VERO BEACH, FL 32960						S				24 V 9			18 St 1881
2. Principal Place of Business			3. Maili	3. Mailing Address						ILII LIIII LI			
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				Ch	g-NP	CR	2E037 (	10/03)	
City & State			Í	City & State			4. FEI Num 65-00	ber 48675	5_				plied For t Appticable
Zip	Zip Country		Zip	Zip		untry	5. Certifica	te of Sta	tus Desired	, ,		.75 Addi Required	
	6. Name an	d Address of Current	Registere	d Agent			7. Name a	nd Addr	ess of New	v Registe	red Age	nt	
MERRILL	KAREN					Name							
MERRILL, KAREN 835 20TH PLACE VERO BEACH, FL 32960						Street Ad	dress (P.O. Box Num	nber is N	ot Accepta	ble)	_		
						City					FL	Zip Code	,
8. The above	named entity s	ubmits this statement for	or the purp	ose of changing its	reaister	ed office or r	registered agent, or l	ooth. in t	he State of		<u> 1</u>	iliar with.	and accept
	ions of registere				-3								
SIGNATURE .			<u></u>										
	Signature, typed or o	rinted name of registered agent	and title if and	licable. (NOTE	· Registere	id Agent signaturi	e required when reinstation)			D	ATE		
	Signature, typed or p	erinted name of registered agent	t and title if app	licable. (NOTE	: Registere	d Agent signatur	e required when reinstating)			D.	ATE		
	Filing Fee i	is \$61.25	t and title if app	9. Election Car Trust Fund C	npaign F	inancing	\$5.00 May Added to Fer	/Be	· <del>CECTO</del> FI	Make c	heck pa	yable to	II.
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attrachment with an address, with all ther like empowered.

GNATURE:

\*\*Comparison\*\*

\*\*Co

SIGNATURE:

Daytime Phone #