

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90094 022 ****61.25

DOCUMENT # 754389

1. Entity Name

BENT PINE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

C/O ELLIOTT MANAGEMENT
1105-12TH ST. 835 20th PL
VERO BCH. FL 32960

2. Principal Place of Business

Elliott Merrill Mgmt
Suite, Apt. #, etc.
835 20th PL

3. Mailing Address

c/o Elliott Merrill
Suite, Apt. #, etc.
835 20th PL

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

IR

Zip

32960

Country

IR



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0048675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRILL, KAREN
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET 835 20th PL
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name **Merrill, Karen**
Street Address (P.O. Box Number is Not Acceptable)
835 20th PL
City **Vero Beach, FL** Zip Code **32960**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Karen L. Merrill**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **SILKWORTH, LYNN**
STREET ADDRESS **5895 GLEN EAGLE LANE**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **P** ☒ Delete
NAME **HEIM, NANCY J**
STREET ADDRESS **110 PRESTWICK CIR.**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **T** ☐ Delete
NAME **CURTIS, NED**
STREET ADDRESS **5885 GLEN EAGLE LN**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **SD** ☒ Delete
NAME **HEIDELL, ROBERT**
STREET ADDRESS **5787 MAGNOLIA LANE**
CITY-ST-ZIP **VERO BEACH FL 32968**

TITLE **D** ☐ Delete
NAME **TSAHINKEL, JOHN**
STREET ADDRESS **5730 TURNBERRY LANE**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Theodore Libby**
STREET ADDRESS **5837 Magnolia Ln**
CITY-ST-ZIP **Vero Beach, FL 32967**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Merman**
STREET ADDRESS **5880 Turnberry Ln**
CITY-ST-ZIP **Vero Beach, FL 32967**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Lynn Silkworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03
Date

Daytime Phone #

CR2E037 (10/02)