FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:35

DOCUMENT # 760523 (1)

1. Corporation Name

BENT PINE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1577 ST PETERSBURG FL 33732	P O BOX 1577 ST PETERSBURG FL 33732

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1981
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2142686 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 P O Box 1577	26 P O Box 1577
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Petersburg, Fl.	28 City & State: St. Petersburg, Fl.
24 Zip: 33731 / 25 Country: Pinellas	29 Zip: 33731 / 30 Country: Pinellas

9. Name and Address of Current Registered Agent

SAMUELS, SCOTT
5270 WHITE SAND CIR. NE
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

31 Name: KOUFAS, ANNA
32 Street Address (P.O. Box Number is Not Acceptable)
33: 1648 ANASTASIA WAY SO.
34 City: ST. PETERSBURG — FL — 35 Zip Code: 33712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anna Koufas — 5/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SAMUEL, SCOTT	12 NAME	KOUFAS, ANNA	
STREET ADDRESS	5270 WHITE SAND CIR NE	13 STREET ADDRESS	1648 ANASTASIA WAY SO.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	14 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712	
TITLE	VD	21 TITLE	VD	☐ Change ☐ Addition
NAME	KIRBY, ELEANOR	22 NAME	KIRBY, ELEANOR	
STREET ADDRESS	2801 66TH WAY N	23 STREET ADDRESS	2801 66th WAY NO.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	24 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	JOHNSON, ROBERT	32 NAME	CALHOUN, THOMAS	
STREET ADDRESS	1935 KANSAS AVE. NE	33 STREET ADDRESS	3211A 61ST TERRACE SO.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	34 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712	
TITLE	SD	41 TITLE	SD	☐ Change ☐ Addition
NAME	DUNAWAY, MARY ANN	42 NAME	DUNAWAY, MARY ANN	
STREET ADDRESS	600 76TH AVE #101-W	43 STREET ADDRESS	600 76th AVE. NO. #101-W	
CITY-ST-ZIP	ST PETERSBURG FL 33702	44 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Ann Dunaway — MARY ANN DUNAWAY — 4/24/95 — (813)545-3143
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0066492