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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760523					
1. Corporation Name BENT PINE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6145 31ST ST SO ST PETE FL 33712 US			Mailing Address 3129 49TH ST. N. ST PETERSBURG FL 33710 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/21/1981 4. FEI Number 59-2142686 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent RICHARD F WASILIK 3129 49TH ST N ST PETERSBURG FL 33710				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11270 - 4th ST. No. 83 Suite SUITE 216 84 City ST PETERSBURG FL	
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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 *Richard F. Wasilik* **RICHARD F. WASILIK** **4/15/99**
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	STD
NAME	KOUFAS, ANNA	1.2 NAME	
STREET ADDRESS	1648 ANASTASIA WAY S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GAUSMAN, GAYE	2.2 NAME	
STREET ADDRESS	PO BOX 60336 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	VPD
NAME	HAMMER, PERRY	3.2 NAME	CAMPBELL, DAVID
STREET ADDRESS	5001 - 1ST AVE NO.	3.3 STREET ADDRESS	389-56 AVE SO.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33705
TITLE	STD	4.1 TITLE	PD
NAME	HALL, CHERYL	4.2 NAME	
STREET ADDRESS	9710 82ND AVE NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	PA
NAME	DEAN, JAC	5.2 NAME	ALHOUN, THOMAS
STREET ADDRESS	12 TREASURE DR	5.3 STREET ADDRESS	2500 - 3 AVE NO. STE 2
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713
TITLE		6.1 TITLE	PD
NAME		6.2 NAME	STROVER, PETER
STREET ADDRESS		6.3 STREET ADDRESS	AUF DEM KAMPE SA
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HANDER GERMANY 30457

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: *XCL SIGNATURE CHERYL HALL* **4/15/99** **722-577-7575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)