

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2001 8:00 am
Secretary of State

04-28-2001 90091 015 ****61.25

DOCUMENT # 760523

1. Entity Name

BENT PINE OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6145 31ST ST SO
 ST PETE FL 33712
 US

11270-4TH STREET NORTH
 SUITE 216
 ST PETERSBURG FL 33716
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2142686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD F WASILUK
11270-4TH STREET NORTH
SUITE 216
ST PETERSBURG FL 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SDT
KOUFAS, ANNA
1648 ANASTASIA WAY S
ST PETERSBURG FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
GAUSMAN, GAYE
PO BOX 60336 N/A
ST PETE FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CAMPBELL, DAVID
389-56 AVE SOUTH
ST PETERSBURG FL 33705

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
HALL, CHERYL
9710 82ND AVE NO
SEMINOLE FL

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CALHOUN, THOMAS
2500-3 AVE NO., STE #2
ST PETERSBURG FL 33713

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)