

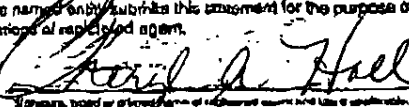
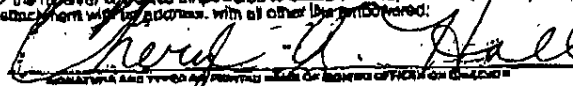
FROM : Jack Rice Ins.

PHONE NO. : 727 536 9985

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

04-23-2003 90196 035 ****61.25

**2003 NOT-FOR-PROFIT CORP. NON
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 760523					
1. Entity Name BENT PINE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6145 31ST ST SO ST PETE FL 33712 US		Mailing Address C/O ALL FLORIDA REALTY 13017 PARK BLVD N SEMINOLE FL 33776 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FB Number 59-2142688		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAYLOR, ALORE C/O ALL FLORIDA REALTY 13017 PARK BLVD NORTH SEMINOLE FL 33776		7. Name and Address of New Registered Agent NAME: KATHLEEN F. WASHLEY, CFO Street Address (P.O. Box Number is Also Acceptable) ALL FLORIDA REALTY 13017 PARK BLVD NO SEMINOLE FL 33776			
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: 		DATE: 6/4/03			
FILE NOW: FEE IS \$81.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAUSMAN, GAYE PO BOX 60338 N/A ST PETE FL	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	PRES. THOMAS CALHOUN 2500-35TH NO. 5 ST. PETE FL.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, DAVID 388-68 AVE SOUTH ST PETERSBURG FL 33706	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	U/A TACK DEAN 12 TREASURER DT TAMPA FL 33609	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALL, CHERYL 9710 82ND AVE NO SEMINOLE FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAVID GOUTREAU 389-56 ALU SO ST PETE FL 33705	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR APRIL GAUSMAN PO BOX 60336 ST. PETE. FL.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(X), 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 person or persons 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 the address, with all other information provided.					
SIGNATURE: 		DATE: 6/4/03		727-319-2200	