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 CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/21
4/.

DOCUMENT # 760523

1. Entity Name
BENT PINE OWNERS' ASSOCIATION, INC.

55047108

Principal Place of Business	Mailing Address
6145 31ST ST SO ST PETE FL 33712 US	C/O ALL FLORIDA REALTY 13017 PARK BLVD N SEMINOLE FL 33776 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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

SAYLOR, ALORE
C/O ALL FLORIDA REALTY
13017 PARK BLVD NORTH
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name: RONALD E. WAGSTAFF C/O
Street Address (P.O. Box Number is Also Acceptable): ALL FLORIDA REALTY
13017 PARK BLVD NO
City: SEMINOLE FL Zip Code: 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: Cheryl A. Hall 6/4/03
(Please type or print 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO GAUSMAN, GAYE PO BOX 60336 N/A ST PETE FL	☐ Delete	TITLE P NAME THOMAS CALHOUN STREET ADDRESS 2500-31ST NO #5 CITY-ST-ZIP ST. PETE FL.	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, DAVID 389-6B AVE SOUTH ST PETERSBURG FL 33705	☐ Delete	TITLE VP NAME U.A. JACK DEAN STREET ADDRESS 12 TREASURE DR. CITY-ST-ZIP 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 CHERYL HALL STREET ADDRESS 9710-82 AVE NO. CITY-ST-ZIP SEMINOLE FL	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME DAVID EAUTREAUX STREET ADDRESS 389-56 AVE SO CITY-ST-ZIP ST. PETE FL. 33705	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME APRIL GAUSMAN STREET ADDRESS PO BOX 60336 CITY-ST-ZIP ST. PETE. FL.	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (10/02)

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: Cheryl A. Hall 6/4/03 727-319-2800
(Signature and Typed or Printed Name of Individual) (Date) (Daytime Phone #)