


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 762762 (3) 1. Corporation Name BENNETT STORAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3245 COURTENAY BLVD MERRITT ISLAND FL 32953 US		Mailing Address 3245 COURTENAY BLVD MERRITT ISLAND FL 32953 US			
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/06/1982 4. FEI Number 59-2287818 Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOVELL, R. 4416 NEPTUNE STREET TAMPA FL 33629				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PD LOVELL, RUTH					
1.3 STREET ADDRESS 4416 NEPTUNE ST.					
1.4 CITY-ST-ZIP TAMPA FL 33629					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME D OSSMAN, BRETT					
2.3 STREET ADDRESS 4416 NEPTUNE STREET					
2.4 CITY-ST-ZIP TAMPA FL 33629					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME VD TUYLS, PAULA					
3.3 STREET ADDRESS P.O. BOX 1675					
3.4 CITY-ST-ZIP ISLAMORADA FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)