

3-02-2004 0:55AM FROM INCAHOOTS 8132893324

FILED

Mar 08, 2004 8:00 am  
Secretary of State

03-08-2004 90021 005 \*\*\*\*61.25

DOCUMENT # 762762

1. Entry Name  
BENNETT STORAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
3245 COURTENAY BLVD  
MERRITT ISLAND, FL 32953 US

Mailing Address  
4416 NEPTUNE ST  
TAMPA, FL 33629 US

94025645



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2287818

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

LOVELL, R.  
4416 NEPTUNE STREET  
TAMPA, FL 33629

Name

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

City

FL

Zip Code

8. The above named entry 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

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

(NOTE: Registered Agent signature required when rechartering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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 PD  
NAME LOVELL, RUTH  
STREET ADDRESS 4416 NEPTUNE ST.  
CITY-STATE-ZIP TAMPA, FL 33629 ☐ Delete

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

TITLE D  
NAME OSSMAN, BRETT  
STREET ADDRESS 4416 NEPTUNE STREET  
CITY-STATE-ZIP TAMPA, FL 33629 ☐ Delete

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

TITLE VD  
NAME TUYLS, PAULA  
STREET ADDRESS 201 MARION ST  
CITY-STATE-ZIP ISLAMORADA, FL 33000 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ruth Lovell* RUTH LOVELL

Date

3/29/2004

Daytime Phone #

813-289-3324