


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762762</b>	
1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



03272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2287818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOVELL, R.  
4416 NEPTUNE STREET  
TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVELL, RUTH 4416 NEPTUNE ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSSMAN, BRETT 4416 NEPTUNE STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUYLS, PAULA 41 ORANGE AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/31/05-80056-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_