

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008365

FILED
Mar 20, 2008
Secretary of State

Entity Name: THE RESERVE AT BENT OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3758798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: JOHNSON, CARL
Address: 1435 BENT OAKS BLVD
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: HART, JAMIE
Address: 1438 BENT OAKS BLVD
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: WADDELL, KIM
Address: 1450 MAPLE LEAF LN
City-St-Zip: DELAND, FL 32724

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HART, JAMIE
Address: 1438 BENT OAKS BLVD
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: WEST, DOROTHY
Address: 1428 BENT OAKS BLVD
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE HART

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date