2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

NAME STREET ADDRESS OLTY-ST-ZIP OLEGIE OLTY-ST-ZIP OLGONOON OLTY-ST-ZIP OLGONOON OLTY-ST-ZIP OLGONOON OLTY-ST-ZIP OLGONOON OLTY-ST-ZIP OLGONOON OLGO		ANNUAL		Niay U1, 2000 Uo:U					
920 THRD STREET SUITE B NEPTURE BEACH, FL 32266 Suite, Apr. 4, etc. Suite, Apr. 4, etc. City 4 State Cit	1. Entity Name THE TRAILS AT BENT CREEK HOMEOWNERS							Secretary	01 St
Suite, Apt. 4, otc. Suite, Apt. 4, otc. Suite, Apt. 4, otc. O4142008 Chg.NP CR2E037 (12/06)	920 THIRD STREET SUITE B		920 THIRD STREET Suite B						1 /4 F 1 1 1
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Time	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142008 CI	hg-NP	CR2E037 (12/06)	
S. Name and Address of Current Registered Agent	City & State		City & State				14	⊢-	
Name	Zip	Country	Zip		untry 5. Certificat		atus Desired		
WALLACE, DENISE L \$202 THIRD STREET STE B NEPTUNE BEACH, FL 32266 City FL Zip Code		6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New I	Registered Agent	
STEE NEPTUNE BEACH, FL 32266 Site and defines (P.O. Box Number is Not Acceptable) FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and tare of registered agent. The control tare of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both in the State of Florida. Interest Address (P.O. Box (D.M.) Agent agent and tate is accepted. Interest	WALLACE DENISE!			Name					
NEPTUNE BEACH, FL 32266 Title 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 are of registered agent. Signature Signatu	920 THIRE				Street Address	reet Address (P.O. Box Number is Not Acceptable)			
B. 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 Trush T		BEACH, FL 32266			City			Zin Cor	
SIGNATURE					City			FL Zip Coo	
10.	_		and title if applicable (NOT	E: Registered	d Agent signature requir	ed when reinstating)		DATE	
TITLE PD									
NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS IN	V 10
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 ITILE NAME HART, CURTIS L 3840 CROWN PT RD STE A JACKSONVILLE, FL 32257 ITILE NAME HART, CURTIS L 3840 CROWN PT RD STE A JACKSONVILLE, FL 32257 ITILE NAME HART, CURTIS L 3840 CROWN PT RD STE A JACKSONVILLE, FL 32257 ITILE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	KNOWLES, MARK A 3840 CROWN PT RD STE A	☐ Delele	NAME STREE	ET ADDRESS	0:	U00000 5/28/08	□ Change 0933157 -80017-008 61	□ Addition .25
NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	HOLLAND, BEVERLY J 3840 CROWN PT RD STE A	☐ Delete	NAME STREE	ET ADDRESS			☐ Change	☐ Addition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is a second of the second	TITLE		□ Delete	TITLE				☐ Change	Addition

12. Thereby Certify that the information supplied with this litting does not idually for the exemptions contained in Charlet in 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 ke empowered.

SIGNATURE

NATURE AND TYPEDOS PRINTED NAME OF SIGNING OFFICER OR D

Bevary J. Holland

Daytime Phone #