2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008815

FILED Apr 18, 2006 Secretary of State

Entity Name: BENT OAK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

102 SNOWY EGRET 800 NORTH MAGNOLIA AVE AMELIA ISLAND, FL 32034

STE 1500

ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

PO BOX 349

CHARLOTTESVILLE, VA 22902

FEI Number: 42-1559244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VSD () Delete (X) Change () Addition

JACK, WILLIAM I JACK, WILLIAM I Name: Name: 102 SNOWY EGRET Address: P.O. BOX 8374 Address:

AMELIA ISLAND, FL 32034 City-St-Zip: City-St-Zip: AMELIA ISLAND, FL 32035

Title: () Delete Title: (X) Change () Addition

PHILLIPS, AUBREY S Name: PHILLIPS, AUBREY S Name:

Address: 1487 LONESOME MOUNTAIN HALLOW Address: P.O. BOX 349

City-St-Zip: CHARLOTTESVILLE, VA 22911 City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: () Delete Title: () Change () Addition

BOSARTH, STEPHEN J Name: Name: 800 N. MAGNOLIA AVE., STE 1500 Address: Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: BOICE, NELSON R JR Name: Address: PO BOX 940751 Address: City-St-Zip: MAITLAND, FL 32794 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AUBREY S. PHILLIPS PTD 04/18/2006