2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N02000008815

Entity Name: BENT OAK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

800 NORTH MAGNOLIA AVE
STE 1500
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

PO BOX 349
CHARLOTTESVILLE, VA 22902

New Mailing Address:

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

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803 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: VSD ( ) Delete
Name: JACK, WILLIAM I
Address: P.O. BOX 8374
City-St-Zip: AMELIA ISLAND, FL 32035

Title: PTD ( ) Delete
Name: PHILLIPS, AUBREY S
Address: P.O. BOX 349
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: V (X) Delete
Name: BOSARTH, STEPHEN J
Address: 800 N. MAGNOLIA AVE., STE 1500
City-St-Zip: ORLANDO, FL 32803

Title: V (X) Delete
Name: BOICE, NELSON R JR
Address: PO BOX 940751
City-St-Zip: MAITLAND, FL 32794

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition
Name: PHILLIPS, BRADFORD L
Address: P.O. BOX 349
City-St-Zip: CHARLOTTESVILLE, VA 22902

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

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

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

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: AUBREY S PHILLIPS P 04/25/2007

Electronic Signature of Signing Officer or Director — Date