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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03495

(1)

1. Corporation Name

BENJAMIN OAKS HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business

744 E. BURGESS ROAD #C-104
P.O. BOX 15002
PENSACOLA FL 32514

Mailing Address

744 E. BURGESS ROAD #C-104
P.O. BOX 15002
PENSACOLA FL 32514



3. Date Incorporated or Qualified

06/07/1984

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

LOVOY, JOSEPH T.
SUITE C-104
744 E. BURGESS RD.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LOVOY, JOSEPH T.
STREET ADDRESS C-104, 744 E BURGESS RD
CITY-ST-ZIP PENSACOLA FL

TITLE D
NAME SLUSSER, ELEANORE A.
STREET ADDRESS C-104, 744 E BURGESS RD
CITY-ST-ZIP PENSACOLA FL

TITLE D
NAME SERRATT, DWAIN M.
STREET ADDRESS C-104, 744 E BURGESS RD
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH T. LOVOY

Date:

Daytime Phone #

CR2E037 (12/95)