## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

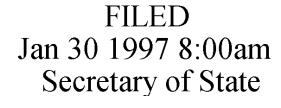
Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #
1. Corporation Name

N03495

(1)

BENJAMIN OAKS HOMEOWNERS ASSOCIATION OF PENSACOL





A, INC.														
Principal Place of Business Mailing Address									$\dashv$	!			BIBAI BIBII ABBI	
744 E. BURGESS ROAD #C-104 P.O. BOX 15002 PENSACOLA FL 32514					744 E. BURGESS ROAD #C-104 P.O. BOX 15002 PENSACOLA FL 32514-0002									
									3.	3. Date incorporated or Qualified 06/07/1984 3a. Date of Last Report 03/05/1996				
_	Principal Pl	ace of Busin	ness	<b>⊢</b> ¬	2a. Mailing Address				4.	FEI Number 59-2870355			pplied For	
21	Suite, Apt. #, etc.				Suite, Apt. #, etc.				-	33 2010000			ot Applicable Additional	
22	Suite, Apt. #, etc.			27					5.	Certificate of Status Desired		+	lequired	
	City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23	Zip Country			28	Zip Country			Trust Fund Contribution Added to Fees						
<del></del>	<u> </u>			<u> </u>	<b></b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			s. 199.032,		
24			25     29   9. Name and Address of Current Registered Agent			30	30			10. Name and Address of New Registered Agent				
		g. Hamo	and Addition of Co.	TOTAL TROUBLE	ou Agont	81								
LOVOY, JOSEPH T.							82		Street Address (P.O. Box Number is Not Acceptable)					
	SUITE C	-104						Olicol Add						
744 E. BURGESS RD. PENSACOLA FL 32514														
	PENSAC	OLA FL 3	2514				84	City	-		FL	<b>85</b> 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.													its registered s registered	
SIG	NATURE _	District Control	or printed name of registered		and and the	ATE: Desister		nt signature requ	ired when	reinstation)	DATE			
12.		Signature, typeo		<del></del>	ND DIRECTORS 13					ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE		DP	3.7.02.10		DELETE	1.1 1						Change		
NAM			, JOSEPH T.			1.21	IAME							
	ET ADDRESS		104, 744 E BURGESS RD			1.3 5	1.3 STREET ADDRESS							
	- ST- ZIP		COLA FL			1.4 (	CITY - S	1 - ZIP						
TITLE	<del></del>	D			DELETE	2.1 7						☐ Change	Addition	
NAMI	E .	SLUSSI	ER, ELEANORE A.			2.21	NAME							
STRE	ET ADDRESS		744 E BURGESS F	RD.		2.3 9	STREET	ADDRESS						
CITY	-ST-ZIP	PENSA	COLA FL			2.4	CITY-	ST-ZIP					}	
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CITY	- ST - ZIP	PENSA	COLA FL			3.4.	CITY-	ST-ZIP						
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TITLE	•				☐ DELETE	5.1 1	TITLE					☐ Change	Addition	
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STRE	ET ADDRESS					6.3	STREET	ADDRESS						
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The reverse of the comparison of the comparison of the exemption stated in Section 119.07(3)(i), 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.

914-476-0902