

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90055 026 ****61.25

DOCUMENT # N30631								
1. Entity Name BENEVA OAKS II MAINTENANCE AND PROPERTY OWNERS ASSOCIATION, INC.								
Principal Place of Business C/O ROGER WOODROW 6411 WOODBIRCH PLACE SARASOTA, FL 34238 US			Mailing Address C/O ROGER WOODROW 6411 WOODBIRCH PALCE SARASOTA, FL 34238 US					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
4. FEI Number 65-0201702				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent WOODROW, ROGER 6411 WOODBIRCH PLACE SARASOTA, FL 34238			7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) City			FL Zip Code					
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>								
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees				
				Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, NORMA 6418 WOODBIRCH PL SARASOTA, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEN GOLDSTEIN 6485 WOODBIRCH PLACE SARASOTA, FL 34238			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, ROBERT 6411 WOODBIRCH PALCE SARASOTA, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODROW, RUTH 6411 WOODBIRCH PL. SARASOTA, FL 34238		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRACASSI, BARBARA 3406 WOODBIRCH PL SARASOTA, FL 34238		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET CURRY 6447 WOODBIRCH PL SARASOTA, FL 34238		<input type="checkbox"/> Delete ADDITIONAL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL SCHOTT 6430 WOODBIRCH PL SARASOTA, FL 34238		<input type="checkbox"/> Delete ADDITIONAL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 like empowered.								
SIGNATURE: RUTH WOODROW, SEC. <i>Ruth Woodrow</i>								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								
FEB 3, 2005 941-924-9916								