2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N30631

1. Entity Name
BENEVA OAKS II MAINTENANCE AND PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ROGER WOODROW 6411 WOODBIRCH PLACE SARASOTA, FL 34238 US	C/O ROGER WOODROW 6411 WOODBIRCH PALCE SARASOTA, FL 34238 US

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01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0201702
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODROW, ROGER
6411 WOODBIRCH PLACE
SARASOTA, FL 34238

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000381732
01/11/06-80067-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HALL, NORMA
STREET ADDRESS	6418 WOODBIRCH PL
CITY-ST-ZIP	SARASOTA, FL
TITLE	PD
NAME	LEWIS, ROBERT
STREET ADDRESS	6411 WOODBIRCH PALCE
CITY-ST-ZIP	SARASOTA, FL
TITLE	SD
NAME	WOODROW, RUTH
STREET ADDRESS	6411 WOODBIRCH PL.
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VD
NAME	FRACASSI, BARBARA
STREET ADDRESS	3406 WOODBIRCH PL
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	CURRY, JANET
STREET ADDRESS	6447 WOOD PL
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	SCHOTY, MICHAEL
STREET ADDRESS	6430 WOOD PL
CITY-ST-ZIP	SARASOTA, FL 34238

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Ruth Woodrow 1-4-06 941-924-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #