



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90046 043 \*\*\*\*61.25

<b>DOCUMENT # N30631</b> 1. Entity Name <b>BENEVA OAKS II MAINTENANCE AND PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ROGER WOODROW 6411 WOODBIRCH PLACE SARASOTA, FL 34238 US</b>			Mailing Address <b>C/O ROGER WOODROW 6411 WOODBIRCH PALCE SARASOTA, FL 34238 US</b>		
2. Principal Place of Business - No P.O. Box # <b>% Robert Lewis</b>		3. Mailing Address <b>% Robert Lewis</b>		  02082007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>6423 WOODBIRCH PL</b>		Suite, Apt. #, etc. <b>6423 WOODBIRCH PL</b>			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>			
Zip <b>34238</b>		Zip <b>34238</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0201702</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>WOODROW, ROGER 6411 WOODBIRCH PLACE SARASOTA, FL 34238</b>			7. Name and Address of New Registered Agent Name <b>LEWIS, ROBERT L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6423 WOODBIRCH PLACE</b> <b>SAR</b> City <b>SARASOTA</b> FL Zip Code <b>34238</b>		
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 <u><i>Robert L. Lewis</i></u> DATE <u>2/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, NORMA 8418 WOODBIRCH PL SARASOTA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHONEE GOODLESS 6379 WOODBIRCH PLACE SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	BETH MCCUBBIN 6459 WOODBIRCH PLACE SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODROW, RUTH 6411 WOODBIRCH PL. SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEN GOLDSTEIN 6463 WOODBIRCH PLACE SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRACASSI, BARBARA 3406 WOODBIRCH PL SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOTT, MICHAEL 6430 WOODBIRCH PLACE SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, JANET 6447 WOOD PL SARASOTA, FL 34238	<input checked="" 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 SCHOTY, MICHAEL 6430 WOOD PL SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Robert L. Lewis</i></u> <b>Robert L. Lewis</b> DATE <u>2/8/07</u> DAYTIME PHONE # <u>941-929-0929</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					