

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90068 010 \*\*\*\*61.25

<b>DOCUMENT # N30631</b>					
<b>1. Entity Name</b> BENEVA OAKS II MAINTENANCE AND PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ROBERT LEWIS 6423 WOODBIRCH PL SARASOTA, FL 34238 US			<b>Mailing Address</b> C/O ROBERT LEWIS 6423 WOODBIRCH PL SARASOTA, FL 34238 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 34238	Country	Zip 34238	Country	01032008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0201702				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEWIS, ROBERT L 6423 WOODBIRCH PL SARASOTA, FL 34238			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE <u>ROBERT L. LEWIS</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2/5/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> GOODLESS, RHONEE <b>STREET ADDRESS</b> 6379 WOODBIRCH PL <b>CITY-ST-ZIP</b> SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> RUTH WOODROW <b>NAME</b> 6411 WOODBIRCH PL <b>STREET ADDRESS</b> SARASOTA, FL 34238 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> LEWIS, ROBERT <b>STREET ADDRESS</b> 6423 WOODBIRCH PL <b>CITY-ST-ZIP</b> SARASOTA, FL	<input type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> ISABELLE GORDON <b>STREET ADDRESS</b> 6454 WOODBIRCH PL <b>CITY-ST-ZIP</b> SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> XD <b>NAME</b> MCCUBBIN, BETH <b>STREET ADDRESS</b> 6459 WOODBIRCH PL <b>CITY-ST-ZIP</b> SARASOTA, FL 34238	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> SEE ATTACHED SHEET <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GOLDSTEIN, LEN <b>STREET ADDRESS</b> 6483 WOODBIRCH PL <b>CITY-ST-ZIP</b> SARASOTA, FL 34238	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> SCHOTT, MICHAEL <b>STREET ADDRESS</b> 6430 WOODBIRCH PL <b>CITY-ST-ZIP</b> SARASOTA, FL 34238	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RUTH STEINER <b>STREET ADDRESS</b> 6495 WOODBIRCH PL <b>CITY-ST-ZIP</b> SARASOTA, FL 34238	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert L. Lewis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ROBERT L. LEWIS		DATE <u>2/5/08</u>	
<small>Date    Daytime Phone #</small>					

40032217



ATTACHMENT

40032217  
#N30631

**DIRECTORS OF BENEVA OAKS II HOMEOWNERS ASSOCIATION FOR 2008**

Robert Lewis, President  
6423 Woodbirch Place  
Sarasota, FL 34238

Michael Schott, Vice President  
6430 Woodbirch Place  
Sarasota, FL 34238

Ruth Woodrow, Secretary  
6411 Woodbirch Place  
Sarasota, FL 34238

Isabelle Gordon, Treasurer  
6454 Woodbirch Place  
Sarasota, FL 34238

Beth McCubbin  
6459 Woodbirch Place  
Sarasota, FL 34238

Len Goldstein  
6483 Woodbirch Place  
Sarasota, FL 34238

Ruth Steiner  
6495 Woodbirch Place  
Sarasota, FL 34238