



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N34203</b> 1. Entity Name <b>BENT CREEK HOMEOWNER'S ASSOCIATION, INC.</b>						<b>FILED</b> <b>08 NOV 10 PM 12:08</b> CLERK OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US</b>				Mailing Address <b>920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>WALLACE, L. DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266</b>				7. Name and Address of New Registered Agent Name <b>Linda M Woods</b> Street Address (P.O. Box Number is Not Acceptable) <b>1008 PARK AVE ORANGE PARK City Florida FL Zip Code 32073</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>Linda M Woods</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-05-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing 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>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWE, CHARLES L 10559 INNISBROOK DR JACKSONVILLE, FL 32222 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600137794386</b> <b>11/10/08--01066--007 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, JAMES 5919 LONG COVE DR JACKSONVILLE, FL 32222 <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	TD NEMETH, ANDY 10520 PEBBLE BEACH CRT JACKSONVILLE, FL 32222 <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	<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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Linda M Woods</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>11-5-08</u> <u>904-278-2338</u> <small>Daytime Phone #</small>			