2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# N41726

Entity Name: BENNINGTON TRACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3063927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: SCHATZ, PHILIP
Address: 3587 BARBIZON CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: P (X) Delete
Name: HAUT, IAN
Address: 11055 DANZIG WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD ( ) Delete
Name: KINARD, NEIL
Address: 3595 BARBIZON CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete
Name: VADEN, STEPHANIE
Address: 3743 BARKINON AVE S
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHATZ, PHILIP
Address: 3587 BARBIZON CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: KINARD, NEIL
Address: 3595 BARBIZON CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP SCHATZ PD 03/13/2007

Electronic Signature of Signing Officer or Director — Date