2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
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:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

Current Mailing Address:

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

New Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALLACE, DENISE
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

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: L. DENISE WALLACE 04/23/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: TSD (X) Change ( ) Addition
Name: KOWITZ, MELVIN S
Address: 11071 DANZIG WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Change ( ) Addition
Name: DEVERTS, THOMAS
Address: 3662 BARBIZON CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify 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 04/23/2008
Electronic Signature of Signing Officer or Director Date