


FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003058 1. Corporation Name BENT OAKS OF WASHINGTON COUNTY HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 2802 PARADISE LAKES RD. CHIPLEY, FL 32428 US		Mailing Address P.O. BOX 525 VERNON, FL 32462 US			
2. Principal Place of Business 21 2802 PARADISE LAKES RD. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 525 Suite, Apt. #, etc.		3. Date Incorporated or Qualified JUNE 10, 1996	
22 City & State 23 CHIPLEY, FL		27 City & State 28 VERNON, FL		3a. Date of Last Report JUNE 10, 1996	
24 Zip 32428		25 Country US		4. FEI Number NOT APPLICABLE	
29 Zip 32462		30 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
81 Name A. C. MOORE				82 Street Address (P.O. Box Number is Not Acceptable) 3189 PIONEER RD.	
83				84 City VERNON, FL	
85 Zip Code 32462				11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.	
SIGNATURE <i>A. C. Moore</i>		A. C. MOORE		APRIL 30, 1997	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MOORE, ARVIN C.				
STREET ADDRESS	3189 PIONEER RD.				
CITY-ST-ZIP	VERNON, FL 32462				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	MOORE, SUZANNE				
STREET ADDRESS	3800 NEW JERUSALEM ROAD				
CITY-ST-ZIP	VERNON, FL 32462				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	COLEY, ANGELINE				
STREET ADDRESS	2802 PARADISE LAKES ROAD				
CITY-ST-ZIP	CHIPLEY, FL 32428				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
300002203883					
-06/06/97--01028--002					
***122.50					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. C. Moore* A. C. MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1997

Date

Daytime Phone #

CR2E037 (9/96)