



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90122 019 ****61.25

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # N96000003058 1. Entity Name BENT OAKS OF WASHINGTON COUNTY HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2802 PARADISE LAKES RD CHIPLEY, FL 32462 | | | Mailing Address P.O. BOX 525 VERNON, FL 32462 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 838 Suite, Apt. #, etc. | |  | |
| City & State | | City & State LYNN HAVEN, FL | | | |
| Zip 32428 | | Zip 32444 | | | |
| Country | | Country US | | 04302005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOORE, A.C. 3189 PIONEER RD. VERNON, FL 32462 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOORE, ARVIN C 3189 PIONEER RD VERNON, FL 32462 | <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 | STD MOORE, SUZANNE 2800 NEW JERUSALEM RD VERNON, FL 32462 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3957 DUNFORD CIRCLE CHIPLEY, FL 32428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, ALAN H 915 DELAWARE AVENUE LYNN HAVEN, FL 32444 | <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 |
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| 12. I 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 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>Arvin C. Moore</u> APRIL 28, 2005 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |