

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90011 045 \*\*\*\*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 838  
LYNN HAVEN, FL 32444**

**DO NOT WRITE IN THIS SPACE**



08042007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOORE, A.C.  
3189 PIONEER RD.  
VERNON, FL 32482**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOORE, ARVIN C
STREET ADDRESS	<del>3189 PIONEER RD</del> <b>1715 OHIO AVE.</b>
CITY-ST-ZIP	<del>VERNON, FL 32482</del> <b>LYNN HAVEN, FL 32444</b>
TITLE	STD
NAME	MOORE, SUZANNE
STREET ADDRESS	<del>3057 DUNFORD CIR</del> <b>1703 OHIO AVE.</b>
CITY-ST-ZIP	<del>CHIPLEY, FL 32429</del> <b>LYNN HAVEN, FL 32444</b>
TITLE	D
NAME	MOORE, ALAN H
STREET ADDRESS	915 DELAWARE AVENUE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Arvin C. Moore* **Arvin C. Moore**

**8/31/07**

Date Daytime Phone #