FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1997 DOCUMENT # N9 1. Corporation Name

N96000006460 (7)

BENCHMARK GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address								' I IDBULLET DIE LETUN DARK EDIKI ODLIK ABERE DARK DDIKD BLIKK DERUN DIKK ODLI 1901						
3548 SOUTHWEST 14TH STREET 3548 SOUTHWEST 14TH 87F					XFFT									
FT. LAUDERDA		FT. LAUDERDALE FL 3331												
						3.	Date I	ncorporat 2/18/19	ed or Qualified	3a. D	ate of Last R	eport		
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI N	umber		1	Ar	plied For			
21		26									t Applicable			
Suite, Apl	#, etc.	Suite, Apt. #, etc.			5.	Certifi	cate of St	atus Desired		\$8.75 / Fee Re				
City & State	0	City & State					Et a salis		ina Cinanaina			 		
23	U	28			"		on Campa Fund Cont	ign Financing tribution	П	\$5.00 Added 1				
Zφ	Country	Zip	Count	iry		8								
24	25 29			10			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No							
	9. Name and Address of Currer	nt Registered Agent				10	. Name	and Add	ress of New Re	lstered	Agent			
			8	1	Name									
	FRANK M		82 Stree			ddress (P.O. Bo	x Number	is Not Acceptab	le)				
	OUTHWEST 14TH STREET		<u> </u>							· · · · · · · · · · · · · · · · · · ·				
FT. LAU	DERDALE FL 33312		8	3										
			8	4	City					FL	85 Zip	Code		
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Statut	es, the abo	νe	-named c	orporation	on subn	nits this st	atement for the p	urpose (of changing it	s registered		
office of r agent I a	egistered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 617.0503, Fl	authorized orida Statut	es.	ine corpo i.	oration s	poard c	n directors	s. т петеру ассер	it the ap	pointment as	registereo		
SIGNATURE							*********							
10	Signature, typed or printed name of registered ag		E: Registered A	ger	ni signature re				NGES TO OFFIC	DATE EDS AN	ID DIRECTOR	2C IN 12		
12.	OFFICERS AND DIRECTORS D DELETE			1.1 TITLE			AUDIII	ONS/OHA	INGES TO OFFIC	Eng Alv	Change	Addition		
NAME	SCOTT, JOHN P		1	1.2 NAME							*	Case 1 14 - 11 - 11		
STREET ADDRESS	16 INDUSTRIAL BLVD., STE.	208			ADDRESS				_					
CITY-S1-ZIP	PAOLI PA 19355		1.4 City		- 1	PAC	DLI	PA	19301					
TITLE	D	☐ DELETE	2 1 TITL								Change	Addition		
NAME	SCOTT, JANET		2.2 NAM	22 NAME										
STREET ADORESS	16 INDUSTRIAL BLVD., STE.	208	23 STRE	ET .	ADDRESS .	734	-	^-	10.24					
CITY - ST - ZIP	PAOLI PA 19355		2 4 CIT	Y-\$	ST-ZIP .	PAO	<u> </u>	HA	19301					
TITLE	D	DELETE	3.t TITU	E							Change	Addition		
NAME	SCOTT, FRANK M		3.2 NAM	!E										
STREET ADDRESS	3548 SOUTHWEST 14TH STREET			3.3 STREET ADDRESS										
CITY-S1-ZIP	FT. LAUDERDALE FL 33312	- nerete	3.4. CIT		T-ZIP							STATE OF THE STATE		
THILE		L_J DELETE	4.1 TITU								L Change	Addition		
NAME			4. 2 NAM											
STREET ADDRESS					ADDRESS									
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C(TY 5.1 T(T)		1-214						Change	Addition		
NAME		otter	5.2 NAM								man ormingo			
STREET ADDRESS					ADDRESS									
CITY - ST - ZIP			5.4 CITY											
TITLE		☐ DELETE	6.1 TITL						. ,		Change	Addition		
NAME			6.2 NAM								•			
STREET ADDRESS			6.3 STR	EET.	ADDRESS									
1														

SIGNATURE:

RBBHD 2

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 suppliemental 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 coreoration 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 on Block 13 in changing, or an an attachment with an address.

2-14-97

610-687-6000

FILED

Mar 03 1997 8:00am

Secretary of State