SECOND NOTICE: CORPORATION WILL [illegible] AFTER SEPTEMBER [illegible].
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 20 PM 4:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # N97000002337 (0)

1. Corporation Name
BENNETT ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2401 CROSBY RD. VALRICO FL 33594	2401 CROSBY RD. VALRICO FL 33594

3. Date Incorporated or Qualified: 04/25/1997
4. FEI Number: [ ] Applied For [X] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3302 Bennett Acres Pl	26 3302 Bennett Acres Pl
Suite, Apt. #, etc. 22 n/a	Suite, Apt. #, etc. 27 n/a
City & State 23 Dover, FL 33527	City & State 28 Dover, FL 33527
Zip / Country 24 33527 / 25 USA	Zip / Country 29 33527 / 30 USA

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

BENNETT, JOE F
2401 CROSBY RD.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: Monica T. Daniel
82 Street Address (P.O. Box Number is Not Acceptable): 3302 Bennett Acres Pl
83
84 City: Dover FL 85 Zip Code: 33527

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: Monica J. Daniel 9/1/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, JOE F 2401 CROSBY RD. VALRICO FL 33594	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Marshal Abrams 3318 Bennett Acres Pl Dover, FL 33527	[X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, JANE J 2401 CROSBY RD. VALRICO FL 33594	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Jose Armijo 3322 Bennett Acres Pl Dover, FL 33527	[X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL, MONICA T 3302 BENNETT ACRES PL DOVER FL 33527	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T Monica T. Daniel 3302 Bennett Acres Pl Dover, FL 33527	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Joel Abrams -D 3318 Bennett Acres Pl Dover FL 33527	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900002670409—3 -10/22/98—01087—007 *****61.25 *****61.25	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Melissa Armijo -D 3322 Bennett Acres Pl Dover, FL 33527	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Robert Conover, Jr.-D 3302 Bennett Acres Pl Dover, FL 33527	[ ] Change [X] Addition

CR2E037 (5/98)

14. 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 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: Monica J. Daniel REQUIRED 9/1/98 (813)286-5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #