

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002337

1. Entity Name

BENNETT ACRES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90162 014 \*\*\*\*61.25

Principal Place of Business <b>3302 BENNETT ACRES PLACE DOVER FL 33527</b>	Mailing Address <b>3302 BENNETT ACRES PLACE DOVER FL 33527-3523</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DANIEL, MONICA T**  
**3302 BENNETT ACRES PLACE**  
**DOVER FL 33527**

7. Name and Address of New Registered Agent

Name **Conover, Monica T.**  
Street Address (P.O. Box Number is Not Acceptable) **3302 Bennett Acres Pl**  
City **Dover** FL Zip Code **33527**

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.

SIGNATURE Monica J. Conover DATE 1/6/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ABRAMS, MARSHAL</b> <b>3318 BENNETT ACRES PLACE</b> <b>DOVER FL 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ARMJO, JOSE</b> <b>3322 BENNETT ACRES PLACE</b> <b>DOVER FL 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CONOVER, MONICA T</b> <b>3302 BENNETT ACRES PL.</b> <b>DOVER FL 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABRAMS, JOEL</b> <b>3318 BENNETT ACRES PLACE</b> <b>DOVER FL 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARMJO, MELISSA</b> <b>3322 BENNETT ACRES PLACE</b> <b>DOVER FL 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONOVER, ROBERT JR.</b> <b>3302 BENNETT ACRES PLACE</b> <b>DOVER FL 33527</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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: Monica J. Conover DATE 1/6/00 (813) 986-0818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)