

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

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



Principal Place of Business
**3322 BENNETT ACRES PLACE
DOVER, FL 33527**

Mailing Address
**3322 BENNETT ACRES PLACE
DOVER, FL 33527**



06042004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**ARMIJO, MELISA
3322 BENNETT ACRES PLACE
DOVER, FL 33527**

**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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAMS, MARSHAL 3318 BENNETT ACRES PLACE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMIJO, JOSE 3322 BENNETT ACRES PLACE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARMIJO, MELISA 3322 BENNETT ACRES PL DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, JOEL 3318 BENNETT ACRES PLACE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMIJO, MELISSA 3322 BENNETT ACRES PLACE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, ROBERT JR. 3302 BENNETT ACRES PLACE DOVER, FL 33527

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #