

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002337 1. Entity Name BENNETT ACRES HOMEOWNERS' ASSOCIATION, INC.						<div style="text-align: right;">05 MAY 13 AM 11:20</div> <div style="text-align: right;">FILED</div>	
Principal Place of Business 3322 BENNETT ACRES PLACE DOVER, FL 33527				Mailing Address 3322 BENNETT ACRES PLACE DOVER, FL 33527			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable		01172005 Chg-NP CR2E037 (10/03) 05	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARMIGO, MELISA 3322 BENNETT ACRES PLACE DOVER, FL 33527				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAMS, MARSHAL 3318 BENNETT ACRES PLACE DOVER, FL 33527 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 700055199327 05/24/05--01071--004 **61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMIGO, JOSE 3322 BENNETT ACRES PLACE DOVER, FL 33527 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARMIGO, MELISA 3322 BENNETT ACRES PL DOVER, FL 33527 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, JOEL 3318 BENNETT ACRES PLACE DOVER, FL 33527 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMIGO, MELISSA 3322 BENNETT ACRES PLACE DOVER, FL 33527 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, ROBERT JR. 3302 BENNETT ACRES PLACE DOVER, FL 33527 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Melisa Armigo ST.</u> 813.478-0965 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							