2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 02, 2006 8:00 am
Secretary of State
05-02-2006 90222 033 ****61.25

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

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

01312006 No Chg-NP CR2E037 (11/05)

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, MELISSA
3322 BENNETT ACRES PLACE
DOVER, FL 33527

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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, a 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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ABRAMS, MARSHAL
STREET ADDRESS	3318 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	V
NAME	ARMIJO, JOSE
STREET ADDRESS	3322 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	SST
NAME	ARMIJO, MELISA
STREET ADDRESS	3322 BENNETT ACRES PL
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	ABRAMS, JOEL
STREET ADDRESS	3318 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	ARMIJO, MELISSA
STREET ADDRESS	3322 BENNETT ACRES PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #