

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90142 010 ****61.25

DOCUMENT # N97000002337

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**

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

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARMJO, 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

FL

Zip Code

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

Melisa Armijo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ABRAMS, MARSHAL**
STREET ADDRESS **3318 BENNETT ACRES PLACE**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **V** ☐ Delete
NAME **ARMJO, JOSE**
STREET ADDRESS **3322 BENNETT ACRES PLACE**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **ST** ☒ Delete
NAME **CONOVER, MONICA T**
STREET ADDRESS **3302 BENNETT ACRES PL.**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ Delete
NAME **ABRAMS, JOEL**
STREET ADDRESS **3318 BENNETT ACRES PLACE**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ Delete
NAME **ARMJO, MELISSA**
STREET ADDRESS **3322 BENNETT ACRES PLACE**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ Delete
NAME **CONOVER, ROBERT JR.**
STREET ADDRESS **3302 BENNETT ACRES PLACE**
CITY-ST-ZIP **DOVER FL 33527**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** ☒ Change ☐ Addition
NAME **Melisa Armijo**
STREET ADDRESS **3322 Bennett Acres Pl**
CITY-ST-ZIP **Dover, FL 33527**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 T CONOVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 813-986-384

Date Daytime Phone #

CR2E037 (10/02)