

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90026 019 ****61.25

DOCUMENT # 756858

1. Corporation Name

LAKE BENTLEY SHORES, INC.

Principal Place of Business
1920 EDGEWOOD DR.
LAKELAND FL 33803
US

Mailing Address
1920 EDGEWOOD DR.
LAKELAND FL 33803
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/19/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2110877	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

MILLER, MARK
1 LAKE MORTON DRIVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NOBLE, FRANCES	1.2 NAME	
STREET ADDRESS	1920 EDGEWOOD K-9	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PESEK, JOE	2.2 NAME	
STREET ADDRESS	1920 EDGEWOOD DR I-3	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	
TITLE	D P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHELOCK, DANNY	3.2 NAME	PRESIDENT
STREET ADDRESS	750 SCOTT LAKE VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MELITA, MIKE	4.2 NAME	
STREET ADDRESS	1920 EDGEWOOD DR J-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BISTLER, CHARLES	5.2 NAME	
STREET ADDRESS	1920 EDGEWOOD DR I-11	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	GLORIA BUNDY D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	1920 EDGEWOOD DR M-4	6.2 NAME	
STREET ADDRESS	LAKELAND FL 33803	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-99

941-646-7088

Date

Daytime Phone #

CR2E037 (5/99)

0007816