

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 756858	
1. Entity Name LAKE BENTLEY SHORES, INC.	

Principal Place of Business 1920 EDGEWOOD DR. LAKE LAND FL 33803 US	Mailing Address 1920 EDGEWOOD DR. LAKE LAND FL 33803 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2110877	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, MARK 1 LAKE MORTON DRIVE LAKE LAND FL 33801
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY- ST- ZIP	SD NOBLE, FRANCES 1920 EDGEWOOD K-9 LAKE LAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PARKS, RONALD 1920 EDGEWOOD DR I-3 LAKE LAND FL 33803 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WHELOCK, DANNY 750 SCOTT LAKE VILLAGE LAKE LAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MELITA, MIKE 1920 EDGEWOOD DR J-2 LAKE LAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BUNDY, GLORIA 1920 EDGEWOOD DR, M-4 LAKE LAND FL 33803 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000219124 ☐ Change ☐ Addition 02/08/05-80015-007 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: *Glenda Workman CAM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 2005

Date Daytime Phone #