

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07453 (6)

1. Corporation Name
BENTLEY PARK COMMUNITY ASSOCIATION, INC.

2/797



Principal Place of Business C/O UNIVERSITY PROPERTIES 824 E FLETCHER AVE TAMPA FL 33612	Mailing Address C/O UNIVERSITY PROPERTIES 824 E FLETCHER AVE TAMPA FL 33612
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3. Date Incorporated or Qualified 02/05/1985	3a. Date of Last Report 03/13/1995
4. FEI Number 59-2777347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**RAYBURN, LAURA J P.A.
 1968 BAYSHORE BLVD.Q
 DUNEDIN FL 34698**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARQUARDT, MARK	11 TITLE	VPD VERDON, COLEEN
NAME	2467 BENTLEY DR.	12 NAME	3221 MONTROSE CIRCLE
STREET ADDRESS	PALM HARBOR FL	13 STREET ADDRESS	PALM HARBOR, FL. 34684
CITY-ST-ZIP	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD LINGLE, ELIZABETH	21 TITLE	STD WATERS, MICHAEL
NAME	0210 PINE FOREST DR.	22 NAME	3280 MONTROSE CIRCLE
STREET ADDRESS	PALM HARBOR FL	23 STREET ADDRESS	PALM HARBOR, FL. 34684
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD MILLER, MICHAEL	31 TITLE	
NAME	3003 PINE FOREST DR.	32 NAME	
STREET ADDRESS	PALM HARBOR FL	33 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	900001737179
NAME		4.2 NAME	-03/08/96--01056--028
STREET ADDRESS		4.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Coleen A. Verdon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
COLEEN A. VERDON

1-25-96 (813) 787-0503
 Date Daytime Phone #

CR2E037 (12/95)