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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07453 (6)

1. Corporation Name
BENTLEY PARK COMMUNITY ASSOCIATION, INC.



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 33612-2613

3. Date Incorporated or Qualified: 02/05/1985
3a. Date of Last Report: 03/07/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2777347	Applied For Not Applicable
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	29. Country		

9. Name and Address of Current Registered Agent: ~~RAMBURN, LAURA J. P.A.~~ JOSEPH R. CIANFRONE, 1968 BAYSHORE BLVD. Q, DUNEDIN FL 34698

10. Name and Address of New Registered Agent: JOSEPH R. CIANFRONE P.A., 1968 BAYSHORE BLVD., DUNEDIN FL 34698

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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] DATE: 4/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MARQUARDT, MARK	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2467 BENTLEY DR.	CITY-ST-ZIP: PALM HARBOR FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: VPD	NAME: VERDON, COLEEN	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3221 MONTROSE CIRCLE	CITY-ST-ZIP: PALM HARBOR FL 34684	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: STD	NAME: WATERS, MICHAEL	3.1 TITLE: STD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 3280 MONTROSE CIRCLE	CITY-ST-ZIP: PALM HARBOR FL 34684	3.2 NAME: JOACHIM RAUCH	
		3.3 STREET ADDRESS: 3243 PINE FOREST DRIVE	
		3.4 CITY-ST-ZIP: PALM HARBOR, FL 34684	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do 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, removed, or added with an address.

SIGNATURE: [Signature] DATE: 2/17/97 (813) 997-2604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)