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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90080 047 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **1107453**

1. Corporation Name

BENTLEY PARK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
& Caliber Condo Mgt, Inc 1801 Peppertree Drive Oldsmar, FL 34677	Caliber Condo Mgt, Inc 1801 Peppertree Drive Oldsmar, FL 34677

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 2/5/85
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2777247
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Joseph R. Cianfrone, P.A. 1968 Bayshore Drive Dunedin, FL 34698	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Fiore	1.2 NAME	
STREET ADDRESS	2599 Bentley Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly L. Miller	2.2 NAME	
STREET ADDRESS	3003 Pine Forest Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joachim Rauch	3.2 NAME	
STREET ADDRESS	3243 Pine Forest Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34683	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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: James H. Fiore Pres. Date: 4-7-99 Daytime Phone # _____

CR2E037 (11/98)