


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90025 047 ****61.25

DOCUMENT # N07453

1. Entity Name
BENTLEY PARK COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address

%CALIBER MGMT, INC **%CALIBER MGMT, INC**
32708 US 79 NORTH **32708 US 79 NORTH**
PALM HARBOR, FL 34684 US **PALM HARBOR, FL 34684 US**



2. Principal Place of Business 3. Mailing Address

INTEGRITY ASSN. MGT. **INTEGRITY ASSN. MGT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
701 ENTERPRISE RD. E, #302 **701 ENTERPRISE RD. E, #302**
 City & State City & State
SAFETY HARBOR, FL **SAFETY HARBOR, FL**
 Zip Country Zip Country
34695 **USA** **34695** **USA**

02022004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2777347 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH
1968 BAYSHORE BLVD
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	FIORE, JAMES	
STREET ADDRESS	2599 BENTLEY DR	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAUCH, JOACHIM	
STREET ADDRESS	3243 PINE FOREST DR	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURLBURT, MICHAEL	
STREET ADDRESS	3200 MONTROSE CIRCLE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: J. James H. Fioore **JAMES H. FIOORE PRES** 2/12/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #