

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07453

FILED
Apr 23, 2006
Secretary of State

Entity Name: BENTLEY PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

INTEGRITY ASSN. MGT
701 ENTERPRISE RD E#302
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

INTEGRITY ASSN. MGT
701 ENTERPRISE RD E STE 704
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

INTEGRITY ASSN. MGT
701 ENTERPRISE RD E#302
SAFETY HARBOR, FL 34695 US

New Mailing Address:

INTEGRITY ASSN. MGT
701 ENTERPRISE RD E STE 704
SAFETY HARBOR, FL 34695 US

FEI Number: 59-2777347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIORE, JAMES
Address: 2599 BENTLEY DR
City-St-Zip: PALM HARBOR, FL 34684

Title: STD () Delete
Name: RAUCH, JOACHIM
Address: 3243 PINE FOREST DR
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: HURLBURT, MICHAEL
Address: 3200 MONTROSE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES FIORE

PD

04/23/2006

Electronic Signature of Signing Officer or Director

_____ Date