

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N07454** (4)

1. Corporation Name

THE VILLAGE AT BENTLEY PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O UNIVERSITY PROPERTIES
824 E FLETCHER AVE
TAMPA FL 33612

C/O UNIVERSITY PROPERTIES
824 E FLETCHER AVE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/05/1985**
3a. Date of Last Report: **03/03/1994**
4. FEI Number: **59-2777343**
Applied For: Not Applicable:

21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	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	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYBURN, LAURA J. P
1968 BAYSHORE BLVD.
824 E FLETCHER AVE
DUNEDIN FL 34698

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGUARDT, MARK	1.2 NAME	
STREET ADDRESS	2467 BENTLEY DR.	1.3 STREET ADDRESS	zip
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	34684
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDE, SOPHIE	2.2 NAME	VPD
STREET ADDRESS	2684 BENTLEY DR.	2.3 STREET ADDRESS	TARGAKIS, Michael
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	2674 Bentley Dr. Palm Harbor, FL. 34684
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERDLITCHKA, PATRICA	3.2 NAME	HERDLITCHKA, Patricia
STREET ADDRESS	2613 BENTLEY DR.	3.3 STREET ADDRESS	zip
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	34684
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKLASKI, JUANITA	4.2 NAME	TD
STREET ADDRESS	2661 BENTLEY DR.	4.3 STREET ADDRESS	MC CLORY
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	2637 Bentley Dr. Palm Harbor, FL. 34684
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINER, GEORGE	5.2 NAME	
STREET ADDRESS	2629 BENTLEY DR.	5.3 STREET ADDRESS	zip
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	34684
TITLE		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 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark Marguardt*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/20/95 787-5797
Date Office #