

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N07454 (4)
1. Corporation Name
THE VILLAGE AT BENTLEY PARK HOMEOWNERS' 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 |
|---|---|

3. Date Incorporated or Qualified
02/05/1985

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-2777343 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|--|---|
| 2. Principal Place of Business 21 7001 Temple Terrace Hwy Suite, Apt. #, etc. | 2a. Mailing Address 26 7001 Temple Terrace Hwy Suite, Apt. #, etc. |
| 22 City & State 23 Temple Terrace, Fla. | 27 City & State 28 Temple Terrace, Fla. |
| 24 Zip 33637 | 25 Country USA |
| 29 Zip 33637 | 30 Country USA |

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**CIANFRONE, JOSEPH R.
1968 BAYSHORE BLVD.
824 E FLETCHER AVE
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

| |
|---|
| 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

| | |
|---|--|
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME MARQUARDT, MARK | |
| STREET ADDRESS 2487 BENTLEY DR. | |
| CITY-ST-ZIP PALM HARBOR FL | |
| TITLE TD | <input type="checkbox"/> DELETE |
| NAME IORE, JAMES | |
| STREET ADDRESS 2599 BENTLEY DRIVE | |
| CITY-ST-ZIP PALM HARBOR FL | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME ENGLISH, VERNON | |
| STREET ADDRESS 2442 BENTLEY DR. | |
| CITY-ST-ZIP PALM HARBOR FL | |
| TITLE SD | <input checked="" type="checkbox"/> DELETE |
| NAME ELLIOTT MARIE T. | |
| STREET ADDRESS 5478 BENTLEY DRIVE | |
| CITY-ST-ZIP PALM HARBOR FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VPD |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TD |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SD Dorothy Albright |
| 4.3 STREET ADDRESS | 2620 Bentley drive |
| 4.4 CITY-ST-ZIP | Palm Harbor, FL 34684 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | D Salvatore Agrusa |
| 5.3 STREET ADDRESS | 2366 Bentley Drive |
| 5.4 CITY-ST-ZIP | Palm Harbor, FL 34684 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE: *A.C. MARQUARDT* 1/28/98 980-1000

CR2007 (10/97)