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Apr 16, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # *NO7454*  
1. Corporation Name

THE VILLAGE AT BENTLEY PARK HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		2/5/85	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-277346 59-277343	
22 City & State		27 City & State		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	
23		28			
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Joseph R. Cianfrone, P.A. 1968 Bayshore Blvd.. Dunedin, FL 34698				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	VPTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Robert G. Mitchell			2.2 NAME			
STREET ADDRESS	1345 Forest Edge Blvd.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Oldsmar, FL 34677			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Dorothy A. Albright			3.2 NAME			
STREET ADDRESS	2620 Bentley Drive			3.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Harbor, FL 34684			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Vincent Agrusa			4.2 NAME			
STREET ADDRESS	2426 Bentley Drive			4.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Harbor, FL 34684			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Virginia Barrese			5.2 NAME			
STREET ADDRESS	2390 Bentley Drive			5.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Harbor, FL 34684			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 A. Fiore Pres* 4-7-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
JAMES A. FIORE

CR2E037 (1/98)