

2004 NON-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2004 90025 048 ****61.25

DOCUMENT # N07454

1. Entity Name
THE VILLAGE AT BENTLEY PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
CALIBER MGT, INC
32708 U.S. 19 NORTH
PALM HARBOR, FL 34684 US

Mailing Address
CALIBER MGT, INC
32708 U.S. 19 NORTH
PALM HARBOR, FL 34684 US



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

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

01292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2777343 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
CIANFRONE, JOSEPH R.
1968 BAYSHORE BLVD.
824 E FLETCHER AVE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FIORE, JAMES 2599 BENTLEY DRIVE PALM HARBOR, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRESE, VIRGINIA 2390 BENTLEY DR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBRIGHT, DOROTHY 2620 BENTLEY DRIVE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASMUSSEN, GAIL 2443 BENTLEY PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENNA, DENISE 2629 BENTLEY DRIVE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THEODORE HADDIX 2571 BENTLEY DRIVE PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENNA, DENISE 2435 BAYWOOD DR. E. DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James H. Fiore* **JAMES H. FIORE PRES.** Date: 3/12/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR