


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90069 040 ****61.25

DOCUMENT # N07454 1. Entity Name THE VILLAGE AT BENTLEY PARK HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business INTEGRITY ASSN. MGT 701 ENTERPRISE RD E # 704 SAFETY HARBOR, FL 34695 US	Mailing Address INTEGRITY ASSN. MGT 701 ENTERPRISE RD E # 704 SAFETY HARBOR, FL 34695 US
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40111000



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04272007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2777346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIANFRONE, JOSEPH R. 1964 BAYSHORE BLVD. DUNEDIN, FL 34698	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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD FIORE, JAMES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2599 BENTLEY DRIVE			NAME			
STREET ADDRESS	PALM HARBOR, FL			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D BARRESE, VIRGINIA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2390 BENTLEY DR			NAME			
STREET ADDRESS	PALM HARBOR, FL 34684			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD HADDIX, THEODORE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2571 BENTLEY DR			NAME			
STREET ADDRESS	PALM HARBOR, FL 34684			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SD RASMUSSEN, GAIL	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2443 BENTLEY			NAME			
STREET ADDRESS	PALM HARBOR, FL 34684			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VPD EMANUELS, SELISS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2383 BENTLEY DRIVE			NAME			
STREET ADDRESS	PALM HARBOR, FL 34684			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SD RASMUSSEN, GAIL	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2443 BENTLEY DRIVE			NAME			
STREET ADDRESS	PALM HARBOR, FL 34684			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Fiore, President 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date