


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 017 ****61.25

DOCUMENT # N07454

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



60035634



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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04082008 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number
59-2777346

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R.
1964 BAYSHORE BLVD.
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, 2008

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	<input type="checkbox"/> Delete
PD	FIORE, JAMES	2599 BENTLEY DRIVE	PALM HARBOR, FL	<input type="checkbox"/>
D	BARRESE, VIRGINIA	2390 BENTLEY DR	PALM HARBOR, FL 34684	<input type="checkbox"/>
TD	HADDIX, THEODORE	2571 BENTLEY DR	PALM HARBOR, FL 34684	<input type="checkbox"/>
SD	RASMUSSEN, GAIL	2443 BENTLEY	PALM HARBOR, FL 34684	<input type="checkbox"/>
VPD	EMANUELS, SELISS	2383 BENTLEY DRIVE	PALM HARBOR, FL 34684	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 H. Fioire* PRES. Date: 4/10/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR