

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47864** (6)

1. Corporation Name
BENTLEY WOODS COMMUNITY ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 308 OVIEDO FL 32765
Mailing Address: P.O. BOX 308 OVIEDO FL 32765

3. Date Incorporated or Qualified: **03/12/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 P.O. Box 620308, 22 Suite, Apt. #, etc., 23 Oviedo, FL, 24 32762-0308, 25 USA
2a. Mailing Address: 26 P.O. Box 620308, 27 Suite, Apt. #, etc., 28 Oviedo, FL, 29 32762-0308, 30 USA

4. FEI Number: **59-3074391**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**GROLLER, ROBERT L.
482 ROCHESTER STREET
OVIEDO FL 32765**

10. Name and Address of New Registered Agent
81 Name: **Robert W. Saul**
82 Street Address (P.O. Box Number is Not Acceptable): **533 Yorkshire Drive**
83
84 City: **Oviedo** FL 85 Zip Code: **32765**

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: *Robert W. Saul* 4/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GROLLER, BOB	
STREET ADDRESS	482 ROCHESTER ST	
CITY - ST - ZIP	OVIEDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAYNE, LARRY	
STREET ADDRESS	492 ROCHESTER ST	
CITY - ST - ZIP	OVIEDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEVERLY, CHARLES	
STREET ADDRESS	609 RED MAPLE COURT	
CITY - ST - ZIP	OVIEDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEVENS, SHERRI	
STREET ADDRESS	810 MANCHESTER ST.	
CITY - ST - ZIP	OVIEDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLACKMAN, DENNIS	
STREET ADDRESS	585 ROCHESTER ST.	
CITY - ST - ZIP	OVIEDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENNET, VINCE	
STREET ADDRESS	512 ROCHESTER ST	
CITY - ST - ZIP	OVIEDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Saul	
1.3 STREET ADDRESS	533 Yorkshire Drive	
1.4 CITY - ST - ZIP	Oviedo, FL 32765	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rose Ann Hoffman	
2.3 STREET ADDRESS	563 Yorkshire Drive	
2.4 CITY - ST - ZIP	Oviedo, FL 32765	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Lopiparo	
3.3 STREET ADDRESS	485 Rochester Street	
3.4 CITY - ST - ZIP	Oviedo, FL 32765	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott Willis	
4.3 STREET ADDRESS	600 Bentley Street	
4.4 CITY - ST - ZIP	Oviedo, FL 32765	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charlie S. Beverly* 4/6/96 365-5875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)