

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

70.00
 01-25

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NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED

97 DEC -5 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N47864 (6)
 1. Corporation Name
 BENTLEY WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P.O. BOX 620308 P.O. BOX 620308
 OVIEDO FL 32762-0308 OVIEDO FL 32762-0308
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/12/1992		04/24/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3074391		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input checked="" type="checkbox"/>			
				6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 SAUL, ROBERT W.
 533 YORKSHIRE DRIVE
 OVIEDO FL 32765

10. Name and Address of New Registered Agent
 81 Name: Bentley, Steven D.
 82 Street Address: (P.O. Box Number is Not Acceptable) 644 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: *Steven D. Bentley* Steven D. Bentley / Treasurer 10/28/97
 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 type="checkbox"/> DELETE
NAME	SAUL, ROBERT	
STREET ADDRESS	533 YORKSHIRE DRIVE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, ROSEANN	
STREET ADDRESS	563 YORKSHIRE DRIVE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BEVERLY, CHARLES	
STREET ADDRESS	609 RED MAPLE COURT	
CITY-ST-ZIP	OVIEDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, SHERRI	
STREET ADDRESS	810 MANCHESTER ST.	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPIPARO, JOSEPH	
STREET ADDRESS	485 ROCHESTER STREET	
CITY-ST-ZIP	OVIEDO FL	
TITLE	V	<input checked="" 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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Saul, Robert	
1.3 STREET ADDRESS	533 Yorkshire Drive	
1.4 CITY-ST-ZIP	Oviedo FL	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Willis Scott	
2.3 STREET ADDRESS	600 Bentley Street	
2.4 CITY-ST-ZIP	Oviedo FL	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bentley, Steven	
3.3 STREET ADDRESS	644 Yorkshire Drive	
3.4 CITY-ST-ZIP	Oviedo FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hyons, Robert	
4.3 STREET ADDRESS	624 Yorkshire Drive	
4.4 CITY-ST-ZIP	Oviedo FL	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lopiparo, Joseph	
5.3 STREET ADDRESS	485 Rochester Street	
5.4 CITY-ST-ZIP	Oviedo FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bozzacco, Wayne	
6.3 STREET ADDRESS	945 Wellington Avenue	
6.4 CITY-ST-ZIP	Oviedo FL	

14. I do 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.

SIGNATURE: *Steven D. Bentley* SIGNATURE REQUIRED: Bentley, Steven D. / Treasurer 10/28/97 (408) 365-0602

CR2E037 (4/97)