


NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47864 1. Corporation Name BENTLEY WOODS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 63008 OVIEDO FL 32763-0008 US			Mailing Address P.O. BOX 63008 OVIEDO FL 32763-0008 US		

FILED

99 JUN 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/12/1992	59-3074391	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip - Country	28 Zip - Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	29	30		

9. Name and Address of Current Registered Agent WILLIS, SCOTT C 800 BENTLEY OVIEDO FL 32765		10. Name and Address of New Registered Agent 01 Name Dolores C. Blizman 02 Street Address (P.O. Box Number is Not Acceptable) 900 Manchester Avenue 03 04 City Oviedo FL 05 Zip Code 32765		
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11. Pursuant to the provisions of Sections 617.0562 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: *Dolores C. Blizman* DATE: **4/20/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRUG, CHUCK		1.2 NAME	Joseph Lopiparo			
STREET ADDRESS	567 ARTESIA ST		1.3 STREET ADDRESS	485 Rochester St			
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-ST-ZIP	Oviedo FL 32765			
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Bruce Kavenagh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIS, SCOTT		2.2 NAME	720 Rochester St			
STREET ADDRESS	800 BENTLEY STREET		2.3 STREET ADDRESS	Oviedo FL 32765			
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sylvia Therault	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLICH, ROLLIN		3.2 NAME	463 YORKSHIRE DR			
STREET ADDRESS	563 YORKSHIRE DR		3.3 STREET ADDRESS	Oviedo FL 32765			
CITY-ST-ZIP	OVIEDO FL 32765		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KAVENAGH, BRUCE		4.2 NAME	Tim Jones			
STREET ADDRESS	720 ROCHESTER ST		4.3 STREET ADDRESS	625 REDMAPLE CT			
CITY-ST-ZIP	OVIEDO FL 32765		4.4 CITY-ST-ZIP	OVIEDO FL 32765			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOPIPARO, JOSEPH		5.2 NAME	Dolores C. Blizman			
STREET ADDRESS	485 ROCHESTER STREET		5.3 STREET ADDRESS	900 Manchester Ave			
CITY-ST-ZIP	OVIEDO FL 32765		5.4 CITY-ST-ZIP	OVIEDO FL 32765			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THERAULT, SYLVIA		6.2 NAME	Dawn Berglund			
STREET ADDRESS	463 YORKSHIRE DR		6.3 STREET ADDRESS	585 ROCHESTER ST			
CITY-ST-ZIP	OVIEDO FL 32765		6.4 CITY-ST-ZIP	OVIEDO FL 32765			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Dolores C. Blizman* DATE: **4/14/99** **407-24-1104**
DOLORES C. BLIZMAN TREASURER

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CR2037 (11/98)