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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47864

1. Entity Name
BENTLEY WOODS COMMUNITY ASSOCIATION, INC.

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

Mailing Address
P.O. BOX 620308
OVIEDO, FL 32762-0308 US

2. Principal Place of Business
SEMINOLE PUBLIC LIBRARY
State, Apt. #, etc.

3. Mailing Address
PO, Box 620308
State, Apt. #, etc.

City & State
OVIEDO FL

City & State
OVIEDO FL.

4. FEI Number
59-3074391

Applied For
Not Applicable

5. Certificate of Status Desired \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCDANIEL, STEVEN
614 YORKSHIRE DR
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
TICE, HARRY
389 BENTLEY ST.
OVIEDO, FL 32765

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: *[Signature]* HARRY TICE 14 AUG 03

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	NAME MOORE, JERRY	STREET ADDRESS 620 BENTLEY STREET	CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Drive
TITLE VP	NAME BOURNE, LYNN	STREET ADDRESS 845 WELLINGTON AVE.	CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	NAME THERIAULT, SYLVIA	STREET ADDRESS 463 YORKSHIRE DR.	CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Drive <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME HOFFMAN, ROSEANN	STREET ADDRESS 563 YORKSHIRE DR	CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Drive <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME GONVIA, TYRENNIA	STREET ADDRESS 623 YORKSHIRE DR	CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Drive <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS	NAME MCDANIEL, STEVEN	STREET ADDRESS 614 YORKSHIRE DR	CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Drive <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME GARICK, AUTUMN	STREET ADDRESS 330 BENTLEY ST.	CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME SMITH, JOHN	STREET ADDRESS 618 ROCHESTER ST.	CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental report is true and accurate and that my signature all have the same legal effect as if made under oath; that I am an officer or director of the corporation or the law firm 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 as changed, or on an amendment with a date of filing.

SIGNATURE: *[Signature]* Lynette C. Bourne 8-14-03

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CRE037 (10/02)