

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47864

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**5498030588CC**

**Entity Name:** BENTLEY WOODS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

71 SOUTH CENTRAL AVENUE  
ORLANDO, FL 32765

**Current Mailing Address:**

71 SOUTH CENTRAL AVENUE  
ORLANDO, FL 32765 US

**FEI Number:** 59-3074391

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SPECIALISTS, INC  
71 SOUTH CENTRAL AVENUE  
OVIEDO, FL 32765 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARTMAN, STEVE  
Address        71 SOUTH CENTRAL AVENUE  
City-State-Zip: ORLANDO FL 32765

Title            VICE PRESIDENT  
Name            BUHL, HAROLD  
Address        71 SOUTH CENTRAL AVENUE  
City-State-Zip: ORLANDO FL 32765

Title            TREASURER  
Name            HOVANETZ, WILLIAM  
Address        71 SOUTH CENTRAL AVENUE  
City-State-Zip: ORLANDO FL 32765

Title            SECRETARY  
Name            ESSARY, ELISABETH  
Address        71 SOUTH CENTRAL AVENUE  
City-State-Zip: ORLANDO FL 32765

Title            DIRECTOR  
Name            LIPSEY, CHRISTOPHER  
Address        71 SOUTH CENTRAL AVENUE  
City-State-Zip: ORLANDO FL 32765

Title            DIRECTOR  
Name            MCKAY, JACK  
Address        71 SOUTH CENTRAL AVENUE  
City-State-Zip: ORLANDO FL 32765

Title            DIRECTOR  
Name            STORY, ROBERT  
Address        71 SOUTH CENTRAL AVENUE  
City-State-Zip: ORLANDO FL 32765

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE BARTMAN

**PRESIDENT**

**03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date