

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 741239

1. Entity Name

BENTLEY PINES OWNERS ASSOCIATION, INC.



Principal Place of Business

2000 E EDGEWOOD DR #214
LAKELAND FL 33803

Mailing Address

2000 E EDGEWOOD DR #214
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEEL, S DOUGLAS M
2000 E EDGEWOOD DRIVE
SUITE 214
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS LABORDE, R L
CITY- ST- ZIP 208 E BELVEDERE ST
LAKELAND FL 33803 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS U00000226212
CITY- ST- ZIP 02/12/05-80007-001 61.25

TITLE
NAME VD
STREET ADDRESS BECKER, F R
CITY- ST- ZIP 2314 NEVADA RD
LAKELAND FL 33803 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS U00000231579
CITY- ST- ZIP 02/09/05-80040-001 61.25

TITLE
NAME SD
STREET ADDRESS JEFFERSON, JACK
CITY- ST- ZIP 440 S FLORIDA AVE
LAKELAND FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

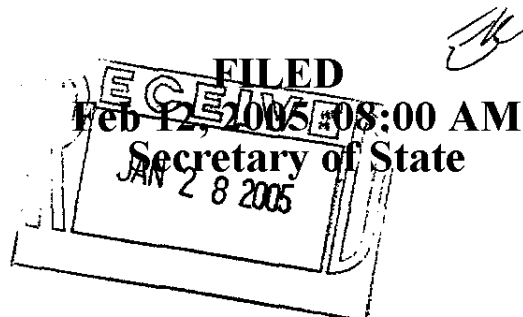
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.L. LABORDE

2/1/05 (B63) 665-2575



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2268004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required