



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02347</b> 1. Entity Name <b>BENTLEY HARBOR HOMEOWNERS ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>2020 E EDGEWOOD DRIVE OFFICE LAKELAND, FL 33803 US</b>	Mailing Address <b>2020 E EDGEWOOD DRIVE OFFICE LAKELAND, FL 33803 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2553725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GLENN, LARRY E.  
2020 E. EDGEWOOD DRIVE  
LAKELAND, FL 33803**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000585639 01/16/07-80021-007 61.25</b>
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, LARRY E 2020 E EDGEWOOD DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCALES, JULIE Y 2020 EDGEWOOD DR.,#51 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, JOHN 2020 EDGEWOOD DR.,#52 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCOIS, JASMIN 2020 E.EDGEWOOD DR.#60 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **LARRY E. Glenn, President** **1-9-07** **863-666-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #