

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90048 014 \*\*\*\*61.25

<b>DOCUMENT # N03810</b> 1. Entity Name BENTLEY COVE CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 1944 EDGEWOOD DRIVE EAST LAKELAND, FL 33803			Mailing Address 1944 EDGEWOOD DRIVE EAST LAKELAND, FL 33803		
2. Principal Place of Business 1964 E. Edgewood Dr. Suite, Apt. #, etc.		3. Mailing Address 1964 E. Edgewood Dr. Suite, Apt. #, etc.			
City & State Lakeland, FL 33803		City & State Lakeland, FL		4. FEI Number 59-2427591	
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FULMER, ARTHUR C. 1960 E EDGEWOOD DR. LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULMER, ARTHUR C. 1960 E. EDGEWOOD DRIVE LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIMP, WILLIAM L. 1944 E. EDGEWOOD DRIVE LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRDWELL, CYNTHIA 1944 E. EDGEWOOD DRIVE LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ERNEST M. JONES, JR. 1958 E. EDGEWOOD DR. Lakeland, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, JANE 1964 E EDGEWOOD DRIVE LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORDE, RICHARD A. 3813 BENT TREE LOOP, E. LAKELAND, FL 338031302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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.					
<b>SIGNATURE:</b> <u>Jane Butler</u> <u>Jane Butler</u> <u>1-24-05</u> <u>863-688-2613</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					