

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000001643

1. Entity Name
**BENTLEY BUSINESS CENTER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**12645 RACE TRACK ROAD
TAMPA, FL 33626**

Mailing Address
**P.O. BOX 1175
OLDSMAR, FL 34677**



03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
03-0539579

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON
1253 PARK STREET
CLEARWATER, FL 33756**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MEARS, RANDY A
STREET ADDRESS 12645 RACE TRACK ROAD
CITY-ST-ZIP TAMPA, FL 33626

TITLE DVT
NAME SIPERA, JOHN
STREET ADDRESS 12645 RACE TRACK ROAD
CITY-ST-ZIP TAMPA, FL 33626

TITLE DS
NAME RUSSELL, DONALD
STREET ADDRESS 12645 RACE TRACK ROAD
CITY-ST-ZIP TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000513727
04/29/06-80143-005 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06
Date

813 852-4466
Daytime Phone #