


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001643 1. Entity Name BENTLEY BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 12645 RACE TRACK ROAD TAMPA, FL 33626	Mailing Address P.O. BOX 1175 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0539579	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

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

**000000725831
05/03/07-80038-012 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEARS, RANDY A 12645 RACE TRACK ROAD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SIPERA, JOHN 12645 RACE TRACK ROAD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSSELL, DONALD 12645 RACE TRACK ROAD TAMPA, FL 33626
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **V.P.** 4/10/07 813 854-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #