

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90024 029 ****61.25

DOCUMENT # N04000002783 1. Entity Name CARRIAGE HOMES AT BENTLEY PARK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 11784 W. SAMPLE RD. 103 CORAL SPRINGS, FL 33065		Mailing Address 11784 W. SAMPLE RD. 103 CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 1750 University Dr.		3. Mailing Address 1750 University Dr.	
Suite, Apt. #, etc. #205		Suite, Apt. #, etc. #205	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33071		Zip 33071	
Country USA		Country USA	
4. FEI Number 20-1095258		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT. CORP. 11784 W. SAMPLE RD. SUITE 103 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Swift Management Solutions Street Address (P.O. Box Number is Not Acceptable) 1750 University Drive Suite 205 City Coral Springs FL Zip Code 33071	
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)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE P NAME BLANKENHEIM, GINO STREET ADDRESS 3320 NW 29 CT CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete		
TITLE VPD NAME VOSECEK, JOE STREET ADDRESS 2966 NW 33RD WAY CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		
TITLE SD NAME STOTZ, CHRIS STREET ADDRESS 3361 NW 29TH CT. CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		
TITLE TD NAME HUNT, PHIL STREET ADDRESS 2952 NW 33RD LANE CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		
TITLE VPD NAME EVANS, ARTHUR STREET ADDRESS 2976 NW 33 LN CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:		Date 1/31/08 Daytime Phone # 954-341-16340	