

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90047 014 \*\*\*\*61.25

<b>DOCUMENT # N05000002407</b>			
<b>1. Entity Name</b> BENTLEY OAKS OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.		<b>Principal Place of Business</b> 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503	
<b>Mailing Address</b> 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503			
<b>2. Principal Place of Business - No P.O. Box #</b> 908 Hardengate Circle		<b>3. Mailing Address</b> 908 Hardengate Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Pensacola, FL		<b>City &amp; State</b> Pensacola, FL	
<b>Zip</b> 32504		<b>Country</b> Escambia	
<b>4. FEI Number</b> 20-3200498		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ETHRIDGE, RAY O 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 908 Hardengate Circle City Pensacola, FL Zip Code 32504	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> DP <b>NAME</b> FRANZ, JON <b>STREET ADDRESS</b> 3298 SUMMIT BLVD #18 <b>CITY-ST-ZIP</b> PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP <b>NAME</b> Holly Hopkins <b>STREET ADDRESS</b> 3298 Summit Blvd #18 <b>CITY-ST-ZIP</b> Pensacola, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> DV <b>NAME</b> SABA, PAUL <b>STREET ADDRESS</b> 3298 SUMMIT BLVD #18 <b>CITY-ST-ZIP</b> PENSACOLA, FL 32503	<input type="checkbox"/> Delete	<b>TITLE</b> DP <b>NAME</b> Saba, Paul <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DST <b>NAME</b> CAMPUS, JOSEPH J III <b>STREET ADDRESS</b> 3298 SUMMIT BLVD #18 <b>CITY-ST-ZIP</b> PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DST <b>NAME</b> CALDWELL, THOMAS <b>STREET ADDRESS</b> 3298 SUMMIT BLVD #18 <b>CITY-ST-ZIP</b> PENSACOLA, FL 32503	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> _____		4-17-08 950-433-6400	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	