

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90024 006 ***150.00

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1. Entity Name
BENTLEY AT VICTORIA PARK ASSOCIATION, INC.



Principal Place of Business
**3350 NW 2ND AVE
A-44
BOCA RATON, FL 33431**

Mailing Address
**3350 NW 2ND AVE
A-44
BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05302007 Chg-NP CR2E037 (12/06)

City & State

City & State
Boca Raton, Florida

4. FEI Number
41-5970029

Applied For
Not Applicable

Zip

Country

Zip

Country

33429

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALIENDO, SAM
3350 NW 2ND AVE
A-44
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CALIENDO, SAM S
STREET ADDRESS 3550 BOCA RATON BLVD., SUITE A44
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE STD ☐ Delete
NAME MARLOWE, G. CARLTON
STREET ADDRESS 701 E. COMMERCIAL BLVD., SUITE 100
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE D ☐ Delete
NAME MANGANO, JOSEPH T
STREET ADDRESS 3350 BOCA RATON BLVD., SUITE A44
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #