


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003430 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 PO BOX 880 BOCA RATON, FL 33429		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-5970029	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALIENDO, SAM 3350 NW 2ND AVE A-44 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.					
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	
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	CALIENDO, SAM S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3550 BOCA RATON BLVD., SUITE A44		NAME		
CITY-ST-ZIP	BOCA RATON, FL 33431		STREET ADDRESS		
TITLE	STD	<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	MARLOWE, G. CARLTON		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	701 E. COMMERCIAL BLVD., SUITE 100		NAME		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334		STREET ADDRESS		
TITLE	D	<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	MANGANO, JOSEPH T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3350 BOCA RATON BLVD., SUITE A44		NAME		
CITY-ST-ZIP	BOCA RATON, FL 33431		STREET ADDRESS		
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
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: _____ <i>[Signature]</i> 4/23/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					