


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90028 047 \*\*\*\*61.25

<b>DOCUMENT # N05000004442</b> 1. Entity Name <b>BENTLEY PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5902 BRECKENRIDGE PKWY SUITE B TAMPA, FL 33610</b>			Mailing Address <b>5902 BRECKENRIDGE PKWY SUITE B TAMPA, FL 33610</b>		
2. Principal Place of Business <i>2000 E. Edgewood Drive</i> Suite, Apt. #, etc. <i>214</i>		3. Mailing Address <i>2000 E. Edgewood Drive</i> Suite, Apt. #, etc. <i>214</i>			
City & State <i>Lakeland FL</i>		City & State <i>Lakeland FL</i>		4. FEI Number <i>20-4277170</i>	
Zip <i>33803</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VON DREELE, WAYNE 3993 W FIRST STREET SANFORD, FL 32771</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REEBER, CHUCK 5902 BRECKENRIDGE PKWY SUITE B TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stern, Paul 5902 Breckenridge Pkwy Suite B Tampa FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLANTON, BOB 5902 BRECKENRIDGE PKWY SUITE B TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILLS, JOHN 5902 BRECKENRIDGE PKWY SUITE B TAMPA, FL 33610	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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 another like empowered.					
<b>SIGNATURE:</b> <i>John Mills</i>			<i>8/14/06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**50025854**



08142006 Chg-NP CR2E037 (4/06)