

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004442

FILED
Apr 01, 2007
Secretary of State

Entity Name: BENTLEY PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5372 CHANDLER DR
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

P.O BOX 7432
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 20-4277170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTZE, JOHN
5372 CHANDLER DR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOTZE, JOHN
Address: P.O. BOX 7432
City-St-Zip: WINTER HAVEN, FL 33883

Title: DVS () Delete
Name: POUNDS, SAMUEL
Address: P.O. BOX 7432
City-St-Zip: WINTER HAVEN, FL 33883

Title: DT () Delete
Name: WITHERINGTON, JASON
Address: P.O. BOX 7432
City-St-Zip: WINTER HAVEN, FL 33883

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LOTZE

DP

04/01/2007

Electronic Signature of Signing Officer or Director

Date