

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07456

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE HAMLET AT BENTLEY PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3200 MONTROSE CIRCLE
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 643
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2777343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH R
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 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: P () Delete
Name: HURLBURT, MICHAEL
Address: 3200 MONTROSE CIR.
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: PRIMIANI, MICHAEL
Address: 3185 MONTROSE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: SHERMAN, AUDREA
Address: 3228 MONTROSE CIR.
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: BAKER, MELODIE
Address: 2690 SAVOY LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: HENRIKSEN, THOMAS
Address: 3179 MONTROSE COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: V () Delete
Name: MCCREARY, KEVIN
Address: 3265 MONTROSE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MILLS, GAIL
Address: 3220 MONTROSE CIR.
City-St-Zip: PALM HARBOR, FL 34684

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 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: MELODIE BAKER

T

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date