

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N11996

1. Entity Name
BENTLEY PARK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**9200 BENTLEY PARK CIRCLE
ORLANDO, FL 32819 US**

Mailing Address
**9200 BENTLEY PARK CIRCLE
ORLANDO, FL 32819 US**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2609960

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HULLETT, JOHN R
9200 BENTLEY PARK CIRCLE
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HULLETT, JOHN R
STREET ADDRESS 9200 BENTLEY PARK CIRCLE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE TD
NAME MOORE, ALAINE
STREET ADDRESS 9350 BENTLEY PARK CIR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VPD
NAME KLASSEN, DAVID
STREET ADDRESS 9338 BENTLEY PARK CIRCLE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D
NAME JEBAILLY, MARIO
STREET ADDRESS 9314 BENTLEY PARK CIRCLE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D
NAME ERHART, ROBERT
STREET ADDRESS 9351 BENTLEY PARK CIR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE SD
NAME ERHART, NORA
STREET ADDRESS 9351 BENTLEY PARK CIR
CITY-ST-ZIP ORLANDO, FL 32819

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01/23/06-80028-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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 #

1/9/06 407-355-757