

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 AM 8:15

DOCUMENT # **N13473** (6)

1. Corporation Name
BENTWOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 291236 DAYTONA BCH FL 32129 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1986** 3a. Date of Last Report **05/11/1994**
4. FEI Number **59-2957757** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STEVE BEEMAN
6028 PARK RIDGE DR.
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent
81. Name **Robert W. Guidotti Jr.**
82. Street Address (P.O. Box Number is Not Acceptable) **689 Breckenridge Drive**
83.
84. City **Port Orange** 85. Zip Code **FL 32127**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.
SIGNATURE *Robert W. Guidotti Jr.* (NOTE: Registered Agent signature required when reappointing) DATE **5-23-95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEVE BEEMAN
STREET ADDRESS	6028 PARK RIDGE DR.
CITY - ST - ZIP	PORT ORANGE FL
TITLE	SD
NAME	RHODES, PAMELA
STREET ADDRESS	6016 PARK RIDGE DR.
CITY - ST - ZIP	PORT ORANGE FL
TITLE	T
NAME	SANDY SOUTHWICK
STREET ADDRESS	6018 PARK RIDGE DR.
CITY - ST - ZIP	PORT ORANGE FL
TITLE	VD
NAME	SEITZ, WILLIAM
STREET ADDRESS	662 NEDDLERUSH ROAD
CITY - ST - ZIP	PORT ORANGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Robert W. Guidotti Jr.
13 STREET ADDRESS	689 Breckenridge Dr, Port Orange, FL 32127
14 CITY - ST - ZIP	FL 32127
21 TITLE	V President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	James Gamble
23 STREET ADDRESS	696 Farncliff Dr
24 CITY - ST - ZIP	Port Orange, FL 32127
31 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	E.V. Lacour
33 STREET ADDRESS	699 Farncliff Dr
34 CITY - ST - ZIP	Port Orange, FL 32127
41 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Rebecca A. Merlin
43 STREET ADDRESS	659 Needlerush Rd
44 CITY - ST - ZIP	Port Orange, FL 32127
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca A. Merlin - Rebecca A Merlin - Treasurer* DATE: **5-23-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
904-756-8513