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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N13473 (6)

1. Corporation Name
BENTWOOD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 291238 DAYTONA BCH FL 32129 US
P O BOX 291238 DAYTONA BCH FL 32129-1238 US

3. Date Incorporated or Qualified 02/18/1986
3a. Date of Last Report 03/19/1996
4. FEI Number 59-2957757 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 25 29 30

9. Name and Address of Current Registered Agent
GUIDOTTI, ROBERT W
689 BRECKENRIDGE DR
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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, Section 617.0503, Florida Statutes.

SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD / D DELETE
NAME GUIDOTTI, ROBERT W JR
STREET ADDRESS 689 BRECKENRIDGE DR
CITY-ST-ZIP PROT ORANGE FL
TITLE VPD DELETE
NAME GAMBLE, JAMES
STREET ADDRESS 696 FERNCLIFF DR
CITY-ST-ZIP PORT ORANGE FL
TITLE SD DELETE
NAME LACOUR, E V
STREET ADDRESS 699 FERNCLIFF DR
CITY-ST-ZIP PORT ORANGE FL
TITLE T / D DELETE
NAME MERLIN, REBECCA A
STREET ADDRESS 659 NEEDLERUSH RD
CITY-ST-ZIP PORT ORANGE FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE / D Vice President / Secretary Change Addition
1.2 NAME Lee Pendergrass
1.3 STREET ADDRESS 690 Breckenridge Dr.
1.4 CITY-ST-ZIP Port Orange, FL 32127
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Guidotti, Secretary of State, 2-8-97 Home (904) 767-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)