

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P O BOX 291238 DAYTONA BCH FL 32129 US	Mailing Address P O BOX 291238 DAYTONA BCH FL 32129 US
--	--

3. Date Incorporated or Qualified 02/18/1986
4. FEI Number 59-2957757
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 Philip Reeves
82 Street Address (P.O. Box Number is Not Acceptable) 6004 Park Ridge Dr
83 Port Orange
84 City FL 85 Zip Code 32127

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 *Philip Reeves* DATE **04/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDD	GUIDOTTI, ROBERT W JR 889 BRECKENRIDGE DR PORT ORANGE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PDD
NAME			1.2 NAME Philip Reeves
STREET ADDRESS			1.3 STREET ADDRESS 6004 Park Ridge Dr
CITY-ST-ZIP			1.4 CITY-ST-ZIP Port Orange, FL 32127
TITLE VPDS	PENDERGRASS, LEE 890 BRECKENRIDGE DR PORT ORANGE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPDS
NAME			2.2 NAME Robert Lysloff
STREET ADDRESS			2.3 STREET ADDRESS 647 Charnagne LN
CITY-ST-ZIP			2.4 CITY-ST-ZIP Port Orange, FL 32127
TITLE TD	MERLIN, REBECCA A 659 NEEDLERUSH RD PORT ORANGE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD
NAME			3.2 NAME Elaine Fisher
STREET ADDRESS			3.3 STREET ADDRESS 660 Needlerush Rd
CITY-ST-ZIP			3.4 CITY-ST-ZIP Port Orange, FL 32127
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I 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: *Elaine Fisher* DATE: **4-21-98**

CR2E037 (10/97)