

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13473

1. Entity Name

BENTWOOD PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90013 017 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2957757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEVES, P
 6004 PARK RIDGE DR
 PORT ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: REEVES, P
 STREET ADDRESS: 6004 PARK RIDGE DR
 CITY-ST-ZIP: PORT ORANGE FL 32127

TITLE: PD Change Addition
 NAME: John Christiasen
 STREET ADDRESS: 6005 Park Ridge DR.
 CITY-ST-ZIP: Port Orange, FL 32127

TITLE: VPDS Delete
 NAME: BEEMAN, S
 STREET ADDRESS: 6026 PARK RIDGE DR
 CITY-ST-ZIP: PORT ORANGE FL 32127

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD Delete
 NAME: BARNES, LORI
 STREET ADDRESS: 717 BRECKENRIDGE DRIVE
 CITY-ST-ZIP: PORT ORANGE FL 32127

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 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: Lori Barnes **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2000 904-767-3488
 Date Daytime Phone #

CR2E037 (9/99)