

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# N13473

Entity Name: BENTWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 291238
DAYTONA BCH, FL 32129 US

New Principal Place of Business:

1901 MASON AVE.
SUITE 107
DAYTONA BCH, FL 32117 US

Current Mailing Address:

P O BOX 291238
DAYTONA BCH, FL 32129 US

New Mailing Address:

1901 MASON AVE.
SUITE 107
DAYTONA BCH, FL 32117 US

FEI Number: 59-2957757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, WILLIAM A
661 NEEDLERUSH RD
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHRISTIANSEN, JUNE
Address: 6005 PARK RIDGE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TSD (X) Delete
Name: CLARK, WILLIAM A
Address: 661 NEEDLE RUSH RD
City-St-Zip: PORT ORANGE, FL 32127

Title: VD (X) Delete
Name: SOUTHWICK, SANDRA
Address: 6018 PARK RIDGE DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: CLARK, WILLIAM A MR
Address: 661 NEEDLERUSH ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A CLARK

TSD

01/21/2009

Electronic Signature of Signing Officer or Director

Date