

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32700

1. Entity Name

BENTLEY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90220 036 \*\*\*\*70.00

Principal Place of Business

Mailing Address

~~2180 WEST SR 434~~  
~~5000~~  
~~LONGWOOD FL 32779~~  
~~US~~

~~2180 WEST SR 434~~  
~~5000~~  
~~LONGWOOD FL 32779~~  
~~US~~

2. Principal Place of Business

841 Bentley Green Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 19-6298

Suite, Apt. #, etc.

City & State

Winter Springs

City & State

Winter Springs

4. FEI Number

59-3243063

Applied For

Not Applicable

Zip

Country

32708

Seminole

Zip

Country

32919

Seminole

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR.  
SENTRY MANAGEMENT INC.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779

Name

Ralph L. Clyburn

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

841 Bentley Green Circle

City

Winter Springs

FL

Zip Code  
32708

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  
NAME STOCKHAMMER, RUDY  
STREET ADDRESS 856 BENTLEY GREEN CIR  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP No Change ☐ Change ☐ Addition

TITLE D  
NAME MERCURE, EDMUND  
STREET ADDRESS 828 BENTLEY GREEN CIR  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☒ Delete

TITLE V/D  
NAME Williamsson, Larry  
STREET ADDRESS 836 Bentley Green Circle  
CITY-ST-ZIP Winter Springs FL 32708 ☐ Change ☒ Addition

TITLE STD  
NAME CLYBURN, RALPH  
STREET ADDRESS 841 BENTLEY GREEN CIR  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE S/D  
NAME Clyburn, Ralph  
STREET ADDRESS 841 Bentley Green Circle  
CITY-ST-ZIP Winter Springs FL 32708 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE T/D  
NAME Kensler, Dan  
STREET ADDRESS 842 Bentley Green Circle  
CITY-ST-ZIP Winter Springs FL 32708 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V/D  
NAME Johnson, Barbara  
STREET ADDRESS 871 Bentley Green Circle  
CITY-ST-ZIP Winter Springs FL 32708 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-365-1353

CR2E037 (9/99)