

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N32700**

1. Entity Name

BENTLEY HOMEOWNERS ASSOCIATION, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90195 046 ****70.00

Principal Place of Business

**841 BENTLEY GREEN CIRCLE
WINTER SPRINGS FL 32708
US**

Mailing Address

**P.O. BOX 19-6298
WINTER SPRINGS FL 32719**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3243063

Applied For

Not Applicable

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

**CLYBURN, RALPH L
841 BENTLEY GREEN CIRCLE
WINTER SPRINGS FL 32708**

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

(NOTE: Registered Agent signature required when reinstating)

01/19/01

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 **STOCKHAMMER, RUDY**
STREET ADDRESS **856 BENTLEY GREEN CIR**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☒ Delete
NAME **WILLIAMSON, LARRY**
STREET ADDRESS **836 BENTLEY GREEN CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE **DV** ☒ Change ☐ Addition
NAME **ALLISON, CHARLES**
STREET ADDRESS **1406 BENTLEY COVE COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE **SD** ☐ Delete
NAME **CLYBURN, RALPH**
STREET ADDRESS **841 BENTLEY GREEN CIR**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **KENSLE, DAN**
STREET ADDRESS **842 BENTLEY GREEN CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☒ Delete
NAME **JOHNSON, BARBARA**
STREET ADDRESS **871 BENTLEY GREEN CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE **DV** ☒ Change ☐ Addition
NAME **HULSEY, ANDY**
STREET ADDRESS **839 BENTLEY GREEN CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-19-01**407-365-1353**

Daytime Phone #

CR2E037 (10/00)