

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32700

1. Entity Name

BENTLEY HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90006 029 ****70.00

0010229

Principal Place of Business

841 BENTLEY GREEN CIRCLE
WINTER SPRINGS FL 32708
US

Mailing Address

P.O. BOX 186298
WINTER SPRINGS FL 32719

2. Principal Place of Business

3. Mailing Address

841 Bentley Green Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs FL

Zip

Country

Zip

Country

32708

4. FEI Number

59-3243063

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

CLYBURN, RALPH L
841 BENTLEY GREEN CIRCLE
WINTER SPRINGS FL 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

Ralph L. Clyburn

RALPH L. CLYBURN

4/01/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STOCKHAMMER, RUDY 856 BENTLEY GREEN CIR WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHARLES, ALLISON 1406 BENTLEY COVE COURT WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLYBURN, RALPH 841 BENTLEY GREEN CIR WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENSLE, DAN 842 BENTLEY GREEN CIRCLE WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HULSEY, ANDY 839 BENTLEY GREEN CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RALPH CLYBURN 841 Bentley Green Circle Winter Springs FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDY HULSEY 839 Bentley Green Circle Winter Springs FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOM ALLEN 824 Bentley Green Circle Winter Springs FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JIM SCANLON 875 Bentley Green Circle Winter Springs FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ralph L. Clyburn

4/1/02

407-365-1353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)