2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38665

FILED Apr 15, 2008 Secretary of State

Entity Name: BENTLEY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 59-3013174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BALLARD, JERRY BALLARD, JERRY Name: Name: 2348 DRESDEN TR Address: 2348 DRESDEN TR Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: PD (X) Change () Addition SCHWAHL, PEANY Name: SCHWAHL, PEANY Name: Address: 2313 DRESDENTR Address: 2313 DRESDEN TR City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: SD (X) Change () Addition FELDHEIM, ANITA MATLACK, LYNN Name: Name: 2433 DRESDEN TR Address: Address: 2450 DRESDEN TR City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: () Change () Addition Name: TUCKER, SHAWN Name: 2474 DRESDEN TR Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change (X) Addition RICHMOND, GALE Name: Name: 2426 DRESDEN TR Address: Address: City-St-Zip: City-St-Zip: APOPKA, FL 32712

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: PEANY SCHWAHL PD 04/15/2008