

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43141

FILED
Apr 25, 2005
Secretary of State

Entity Name: BENTLEY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1060 WELLINGTON CT.
OVIEDO, FL 32765

New Principal Place of Business:

1020 WELLINGTON CT.
OVIEDO, FL 32765

Current Mailing Address:

1060 WELLINGTON CT.
OVIEDO, FL 32765

New Mailing Address:

1020 WELLINGTON CT.
OVIEDO, FL 32765

FEI Number: 59-3050708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNIGHT, ROBERT C
1020 WELLINGTON COURT
OVIEDO, FL 32765 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: DP () Delete
Name: ALLEN, DANIEL
Address: 770 ALTESIA STREET
City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete
Name: ROTHWELL, RON
Address: 1040 WELLINGTON COURT
City-St-Zip: OVIEDO, FL 32765

Title: DST () Delete
Name: MCKNIGHT, CASEY
Address: 1020 WELLINGTON COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: ALLEN, DANIEL
Address: 770 ALTESIA STREET
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: BARTLETT, MIKE
Address: 1045 WELLINGTON COURT
City-St-Zip: OVIEDO, FL 32765

Title: PRES (X) Change () Addition
Name: MCKNIGHT, CASEY
Address: 1020 WELLINGTON COURT
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT C MCKNIGHT

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date