

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90054 001 ****61.25

DOCUMENT # N43141

1. Entity Name
BENTLEY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1020 WELLINGTON CT.
OVIEDO, FL 32765**

Mailing Address
**1020 WELLINGTON CT.
OVIEDO, FL 32765**



2. Principal Place of Business

1060 WELLINGTON CT

3. Mailing Address

1060 WELLINGTON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202006

Chg-NP

CR2E037 (11/05)

City & State

OVIEDO, FL

City & State

OVIEDO, FL

4. FEI Number

59-3050708

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNIGHT, ROBERT C
1020 WELLINGTON COURT
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name **ALFRED E. SMITH**

Street Address (P.O. Box Number is Not Acceptable)
1060 WELLINGTON CT.

City **OVIEDO**

FL

Zip Code
32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALFRED E. SMITH**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **TRES**
STREET ADDRESS **770 ALTESIA STREET**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete

NAME **BARTLETT, MIKE**
STREET ADDRESS **1045 WELLINGTON COURT**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete

NAME **MCKNIGHT, CASEY**
STREET ADDRESS **1020 WELLINGTON COURT**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME **PRES MICHAEL NEY**
STREET ADDRESS **1080 WELLINGTON CT**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☒ Change ☐ Addition

NAME **VP FRED LONSDALE**
STREET ADDRESS **1025 WELLINGTON CT**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☒ Change ☐ Addition

NAME **S/T ALFRED E. SMITH**
STREET ADDRESS **1060 WELLINGTON CT**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Michael Ney (Michael A. Ney) 2/4/2006 407 971-4084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #