2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43141

FILED Jan 18, 2009 Secretary of State

Entity Name: BENTLEY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1060 WELLINGTON CT1020 WELLINGTON CTOVIEDO, FL 32765OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

1060 WELLINGTON CT1020 WELLINGTON CTOVIEDO, FL 32765OVIEDO, 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: Name and Address of New Registered Agent:

SMITH, ALFRED E COOPER, DAVID J
1060 WELLINGTON CT 1020 WELLINGTON CT
OVIEDO, FL 32765 US OVIEDO, FL 32765 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: DAVID J COOPER 01/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 NEY, MICHAEL
 Name:
 BARTLETT, MICHAEL

 Address:
 1080 WELLINGTON CT
 Address:
 1045 WELLINGTON CT

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: VP () Delete Title: VPS (X) Change () Addition Name: LONSDALE, FRED Name: ROTHWELL, SYBILL

Address: 1025 WELLINGTON CT Address: 1040 WELLINGTON CT
City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

 Name:
 SMITH, ALFRED E
 Name:
 COOPER, DAVID J

 Address:
 1060 WELLINGTON CT
 Address:
 1020 WELLINGTON CT

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

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: DAVID J COOPER T 01/18/2009