

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FEB 2

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90005 007 \*\*\*\*61.25

<b>DOCUMENT # N47246</b>					
<b>1. Entity Name</b> BENTLEY OAKS SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> WORLD OF HOMES 820 PALMWAY STREET KISSIMMEE, FL 34744			<b>Mailing Address</b> WORLD OF HOMES 820 PALMWAY STREET KISSIMMEE, FL 34744		
<b>2. Principal Place of Business</b> <i>2884 S. Osceola Ave</i>		<b>3. Mailing Address</b> <i>2884 S Osceola Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006    Chg-NP    CR2E037 (11/05)	
<b>City &amp; State</b> <i>Orlando FL</i>		<b>City &amp; State</b> <i>Orlando FL</i>		<b>4. FEI Number</b> 59-3139785	
<b>Zip</b> <i>32806</i>		<b>Country</b> <i>USA</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FERDINANDSEN ENTERPRISES INC DBA WORLD OF HOMES 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <i>[Signature]</i>		SIGNATURE <i>Vicki' Draz</i>		DATE <i>2-14-06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDEIROS, JOYCE 222 OXFORD RD DAVENPORT, FL 33837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIFABIO, JAMES 165 OXFORD ROAD DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSSI, JAMIE 194 OXFORD RD. DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vickery, Bob 212 Oxford Rd DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Miles, Jennifer 134 Oxford Rd DAVENPORT, FL 33837	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>M Joyce Medeiros</i>		Date <i>2/22/06</i> Daytime Phone # <i>863427-7779</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					