## 2006 NOT-FOR-PROFIT CORPORATION FEB $_{\it 2}$ ANNUAL REPORT

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

1. Entity Name BENTLEY OAKS SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.				0:	3-02-2006 9	0005 007 ****61	.25
Principal Place of Business Mailing Address WORLD OF HOMES WORLD OF HOMES 820 PALMWAY STREET KISSIMMEE, FL 34744 KISSIMMEE, FL 34744				9. <b>0</b>	M W W W W		
2. Principal P	Hace of Business	Aur.					
2889 5. 08000 Htt 2884 5. 03 Suite, Apt. #, etc. Suite, Apt. #, etc.				04400000	ng-NP	CR2E037 (11/05)	
Sig & Stat	ando Fl	O's faretendo	FI	4. FEI Number 59-313978	5	<b></b>	pplied For ot Applicable
328	06 cours H	32806	Country A	5. Certificate of St	atus Desired	□ \$8.75 Ad Fee Require	
	8. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Ro	egistered Agent	•
FERDINAL	NDSEN ETERPRISES INC		Name				
DBA WORLD OF HOMES 2884 S. OSCEOLA AVENUE				ddress (P.O. Box Number is Not Acceptable)			
ORLANDO	), FL 32806 °		City			Zip Coo	ie
						PL	
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  Signature, typed or purised name of registered agent and title if applicable. (NOTE: Registered Agent aigneture required when reinstating)  DATE							
SIGNATURE	Signature, lyped or printed name of registered agent.	and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registres eigent Filling Fee is \$61.25 Due by May 1, 2006	end tite if applicable. (NOTE:  9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE ake check payable t da Department of S	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable (	itate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing ontribution. [	\$5.00 May Be Added to Fees	Flori	ake check payable ( da Department of S	itate
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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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 22/06 863427-7779

Daytime Phone #