2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47246

1. Entity Name
BENTLEY OAKS SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2884 S OSCEOLA AVE	2884 S OSCEOLA AVE
ORLANDO, FL 32806	ORLANDO, FL 32806

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02172008   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3139785   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LPI / Kevin Marrs
2585 Turtle mound Rd.
Melbourne, FL 32934

7. Name and Address of New Registered Agent

Name

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

City _____ FL _____ Zip Code

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 _Kevin Marrs_   DATE 2/17/08

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2008**	**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	☒ Delete	TITLE	Michael Stevens - VPD ☐ Change ☒ Addition	
NAME	MEDEIROS, JOYCE		NAME	221 Bentley Oaks Blvd.	
STREET ADDRESS	222 OXFORD RD		STREET ADDRESS	Davenport, FL 33896	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	VICKERY, BOB		NAME		
STREET ADDRESS	212 OXFORD RD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	S/T	☐ Change ☒ Addition
NAME	O'CONNOR, JOHN		NAME	Kristin Ingram	
STREET ADDRESS	139 CHRIS CT		STREET ADDRESS	236 Chris CT	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	Davenport, FL 33896	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X _Robert T. Vickery Jr._   2/17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #