

N47864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

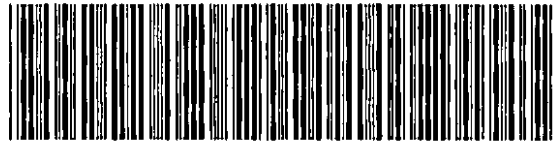
(Business Entity Name)

(Document Number)

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FEB 22 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bentley Woods Community Association, Inc
Name of Corporation

DOCUMENT NUMBER: N47864

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin M. Davis
Name of Contact Person

Community Management Specialists, Inc
Firm/Company

71 S. Central Avenue
Address

Orlando FL 32765
City/State and Zip Code

KEVIN@CMSORLANDO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin M. Davis at (407) 359-7202
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FEB 08 2019 J

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2019

KEVIN M. DAVIS
71 S. CENTRAL AVENUE
OVIEDO, FL 32765

SUBJECT: BENTLEY WOODS COMMUNITY ASSOCIATION, INC.
Ref. Number: N47864

We have received your document for BENTLEY WOODS COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 219A00002562

RECEIVED
2019 FEB 21 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bentley Wood Community Association, Inc
2. The principal office address: 71 South Central Avenue
Orlando FL 32765
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/12/92 Document number: N47864

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TOWERS Property Management INC
1320 N. Semoran Blvd. #100
Orlando FL 32765

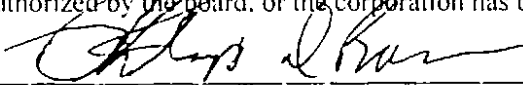
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Community Management Specialists, Inc.
71 South Central Avenue
Orlando FL 32765

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Philip D. Bass, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

1/8/19
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)