FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N94000001950 (4)

BENTLEY WOODS OWNERS ASSOCIATION, INC.

								: : ::::::::::::::::::::::::::::::::::		
Principal Place of Business Mailing Address								-{ I FROMMON BID NEWTO REPUNDENTHI DENNI BENNI BENNI BENNI BYDNI PANDY DANNI DENNI TRAN		
10036 SAWG	RASS DR RA BCH FL 320	100	P.O. 80		00004		3. Date Incorporated or Qualifi	ied		
US	IN DON TE 320	102	US	PONTE VEDRA BCH FL 32004 US			04/18/1994			
							4. FEI Number		Applied For	
2. Principal	Place of Busin	nass	2a Mail	2a. Mailing Address			<u>59-3315015</u>		Not Applicable	
21			<u> </u>	26			Certificate of Status Desired		.75 Additional	
I SURE. AD	ot. #, etc.			, Apt. #, etc.			6. Election Campaign Financin		.00 May Be	
22			27	27			Trust Fund Contribution	· — ••	ided to Fees	
City & St	ate		<u> </u>	City & State			7. Is this nonprofit corporation	7. Is this nonprofit corporation a homeowners association?		
23 Zip	Zip Country			Zip Country				∐ Yes ☐ No		
24	25			Zip Country 29 30				This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					ε	81 Name				
MUCH, DONALD J					Ļ	2 Stree	Street Address (P.O. Box Number is Not Acceptable)			
10036 SAWGRASS DR #3					ľ	3000	Address (F.O. Box Multiper is 1400 Acce	pladie)		
PONTI	e ve o ra BC	H FL 32082			Ε	3				
	•,				ε	4 City		85	Zip Code	
				· · · · · · · · · · · · · · · · · · ·		'		FL	•	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of fice or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint									ging its registered	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.			AND DIRECTOR		13.	April eighai	ADDITIONS/CHANGES TO OF		CTORS IN 12	
TITLE	PD			DELETE	1,1111	- 1		☐ CH		
NAME	TEAL, S	TEPHEN			1.2 NAM	E 🚺	Johan Phullis	A		
STREET ADDRESS	STREET ADDRESS 11137 BENTLEY TRACE LAN				1.3 STRE	ET ADDRESS	4521 Singletary R			
CITY-ST-ZIP	JAX FL	· · · · · · · · · · · · · · · · · · ·			1.4 CITY	-ST-ZIP	Jacksonville, FT. 32	257		
TITLE	VO			DELETE	2.1 TITL		Zerbato, Teri	☐ Ch	ange 🔼 Addition	
NAME	\$010.1				2.2 NAM	E	111 the Wandering Oc	ak Dr.		
STREET ADDRESS 11239 BENTLEY TRACE LANE OITY-ST-ZIP JAX FL			ANE E			ET ADDRESS	Jacksonville, F1. 3	2000		
CITY-ST-ZIP TITLE	80			DELETE	2. 4 Cits 3.1 Title	- ST-ZIP			lange Addition	
NAME	DAVIS, 1	TIM		And percent	3.2 NAM	- /\	Cellerich, Rebecca	_	ange 🖾 Audilion	
STREET ADDRESS		NTLEY TRACE LA	NE E			et address	4518 Singletary Rd	≀.		
CITY-ST-ZIP		NVILLE FL				-ST-ZIP	Jacksonville, F1.	32257		
TITLE	10			DELETE	4.1 TITLE				ange Addition	
NAME		SS, DEBRA		•	4.2 NAM		Anderson, Patricia			
STREET ADDRESS	4512 BE	INTLEY TRACE LA	NE E		4.3 STRE	ET ADDRESS	4515 Singletary			
CITY-ST-ZIP	JAX FL				4.4 City	-ST-ZIP	Jacksonville, 31. 3	aa51		
TITLE	ARD			DELETE	5.1 THLE	_	Guyton, Brenda	☐ Ch	ange 📥 Addition	
NAME	MCANA		55		5.2 NAM		4507 Bentley Tra	no Ln XX		
STREET ADDRESS		Andering Oakst	DR			et address			•	
CITY-ST-ZIP	JAX FL	-		Driete	5.4 CITY		Jacksonville, 11.			
TITLE	ARC	IODA		☐ DELETE	6.1 TITLE		Soto, Raymond		ange Addition	
NAME STORET ASSOCIA	OREWS,		WE E		6.2 NAMI		11239 Bentley Tr	ace Ln. E	•	
STREET ADDRESS	JAX FL	ENTLEY TRACE LA	ANE E			ET ADDRESS	Jacksonville, 71.	52257		
CITY-ST-ZIP	I SENTE				6.4 CITY	51-4P	The state of the s	- CACA	i	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, for on an attachment with an address.

6.4 CITY - ST - ZIP

FILED

Jun 25 1998 8:00am

Secretary of State