

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90010 049 \*\*\*\*61.25

**DOCUMENT # N97000003157**

1. Entity Name

**BENT CREEK VILLAGE ASSOCIATION, INC.**

Principal Place of Business

**3470 CLUB CENTER BLVD.  
 NAPLES FL 34114**

Mailing Address

**3470 CLUB CENTER BLVD.  
 NAPLES FL 34114**

2. Principal Place of Business

**Cardinal Management Group  
 800 Fifth Ave South #203**

3. Mailing Address

**(Same)**

Suite, Apt. #, etc.

**203**

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

Zip

**34102**

Country

**Collier**

Zip

Country

4. FEI Number

**59-3451853**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WOODWARD, MARK  
 801 LAUREL OAK DRIVE  
 SUITE 710  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **Glen Fulkner**

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

**Cardinal Management Group  
 800 Fifth Ave S #203**

City

**Naples**

FL

Zip Code **34102**

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.

SIGNATURE

*Glen Fulkner*

**GLEN FULKNER, AGENT**

**1-31-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
 NAME **DINARDO, ANTHONY**  
 STREET ADDRESS **3470 CLUB CENTER BLVD.**  
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE **DST** ☒ Delete  
 NAME **WOODWARD, MARK**  
 STREET ADDRESS **801 LAUREL OAKS DR, SUITE 710**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☒ Delete  
 NAME **PARISI, JOSEPH L**  
 STREET ADDRESS **3470 CLUB CENTER BLVD.**  
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Sec/Treas** ☐ Change ☒ Addition  
 NAME **Bob Rohrer**  
 STREET ADDRESS **8487 Bent Creek Way**  
 CITY-ST-ZIP **Naples, FL 34114**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Gene Merlino**  
 STREET ADDRESS **8456 Bent Creek Ct**  
 CITY-ST-ZIP **Naples, FL 34114**

TITLE **Pres** ☐ Change ☒ Addition  
 NAME **Tom Dembofsky**  
 STREET ADDRESS **8446 Bent Creek Way**  
 CITY-ST-ZIP **Naples, FL 34114**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Thomas J. Dembofsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/2001**

Date

Daytime Phone #

CR2E037 (10/00)