

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90261 041 \*\*\*\*70.00

14009860



04082005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N97000003157</b> 1. Entity Name <b>BENT CREEK VILLAGE ASSOCIATION, INC.</b>					
Principal Place of Business <b>800 5TH AVE. S. #203 NAPLES, FL 34102</b>			Mailing Address <b>800 5TH AV S 200 NAPLES, FL 34102</b>		
2. Principal Place of Business <b>5067 TAMMIAMI TRAIL E.</b>		3. Mailing Address <b>5067 TAMMIAMI TRAIL E.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>59-3451853</b>	
Zip <b>34113</b>		Country <b>COLLIER</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FULKER, GLEN C/O CARDINAL MGMT GROUP 800 5TH AVE S #203 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>CARTER, PAUL S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Cardinal Management Group</b> <b>5067 Tamiami Trail East</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34113</b>		
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST ROHRER, BOB 8487 BENT CREEK WAY NAPLES, FL 34114</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER GINI KURTZMAN 8487 BENT CREEK WAY NAPLES, FL 34114</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MERLINO, GENE 8456 BENT CREEK CT NAPLES, FL 34114</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DEMBOFSKY, TOM 8446 BENT CREEK WAY NAPLES, FL 34114</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					