


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90076 029 \*\*\*\*70.00

<b>DOCUMENT # N97000003157</b> 1. Entity Name <b>BENT CREEK VILLAGE ASSOCIATION, INC.</b>					
Principal Place of Business <b>5067 TAMIAMI TRAIL E NAPLES, FL 34113</b>				Mailing Address <b>5067 TAMIAMI TRAIL E NAPLES, FL 34113</b>	
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		
<b>6. Name and Address of Current Registered Agent</b>  <b>CARTER, PAUL S C/O CARDINAL MGMT GROUP 5067 TAMIAMI TRAIL E NAPLES, FL 34113</b>				<b>7. Name and Address of New Registered Agent</b> Name <u>Cardinal Management Group</u> Street Address (P.O. Box Number is Not Acceptable) <u>5067 Tamiami Trail East</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34113</u>	
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 <u>Stewart Carter, manager</u> DATE <u>4/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>VP LARY, ED 8516 BENT CREEK WAY NAPLES, FL 34114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DEMBOFSKY, TOM 8446 BENT CREEK WAY NAPLES, FL 34114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SLATER, ROBERT 8499 BENT CREEK WAY NAPLES, FL 34114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/22/08</u> Daytime Phone # <u>239-774-0723</u>	



04102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3451853**

Applied For  
Not Applicable

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