

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003157

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** BENT CREEK VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

5067 TAMIAMI TRAIL E  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

5067 TAMIAMI TRAIL E  
NAPLES, FL 34113

**New Mailing Address:**

**FEI Number:** 59-3451853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARDINAL MANAGMENT GROUP  
5067 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: LARY, ED  
Address: 8516 BENT CREEK WAY  
City-St-Zip: NAPLES, FL 34114

Title: ST ( ) Delete  
Name: DEMBOFSKY, TOM  
Address: 8446 BENT CREEK WAY  
City-St-Zip: NAPLES, FL 34114

Title: PRES ( ) Delete  
Name: SLATER, ROBERT  
Address: 8499 BENT CREEK WAY  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SLATER, ROBERT  
Address: 8499 BENT CREEK WAY  
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SLATER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date