

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000060987

1. Entity Name
BENTLEY COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**501 N ORLANDO AVE #233
WINTER PARK, FL 32789**

Mailing Address
**501 N ORLANDO AVE #233
WINTER PARK, FL 32789**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
14-1849283

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEPHAN, REINHARD G
2699 LEE RD, STE 540
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1100000143929
04/30/04-80111-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS
GHANDOUR, AHMAD
501 N ORLANDO AVE #233
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
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WINTER PARK, FL 32789**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04.

Date

Daytime Phone #