

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90069 028 ****61.25

DOCUMENT # 729986

1. Entity Name
BENT TREE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**9801 - 83RD STREET NORTH
LARGO, FL 33777**

Mailing Address
**9801 - 83RD STREET NORTH
LARGO, FL 33777**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1539307	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WATERSTRADT, VICTORIA
9899 84TH ST N
LARGO, FL 33777**

**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

**Filing Fee is \$61.25.
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FINUGANE, TOM <i>Don Offhaus</i> 9833 87TH STREET NORTH <i>9822 84th Way</i> LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERSTRADT, VICTORIA 9899 84TH ST LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D RUSSELL, VIRGINIA <i>Marianne Troy</i> 9886 83RD ST. N <i>9976 86th St</i> LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISSEY, MAX 7742 CUMBERLAND RD. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFHAUS, DON <i>Anne Michals</i> 9822 84TH WAY N <i>9990 84th St. N</i> LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUDENSLAGER, LOU <i>Mark Murphy</i> 9935 86TH WAY N <i>9950 83rd St.</i> LARGO, FL 33777

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria Waterstradt
Date

4/30/06 727-399-0484
Daytime Phone #