


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90189 006 \*\*\*\*61.25

<b>DOCUMENT # 729986</b> 1. Entity Name BENT TREE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 9801 - 83RD STREET NORTH LARGO, FL 33777	Mailing Address 9801 - 83RD STREET NORTH LARGO, FL 33777
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40050571



03042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  WATERSTRADT, VICTORIA 9899 84TH ST N LARGO, FL 33777
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**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 <i>V. Waterstradt</i> Signature, typed or printed name of registered agent and title if applicable	<i>Victoria Waterstradt</i> (NOTE: Registered Agent signature required when reinstating)	<i>3/16/07</i> DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D OFFHAUS, DON 9822 84TH WAY SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERSTRADT, VICTORIA 9989 84TH ST LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TROY, MARIANNE 9976 86TH ST 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 MICHALS, ANNE 9990 84TH ST N LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, MARK 9950 83RD ST 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: <i>V. Waterstradt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>3/16/07</i> Date	Daytime Phone #