

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90032 037 \*\*\*\*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



02282008 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 ☐

**\$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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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/21/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P/D	<i>Mark Murphy</i>
NAME	<del>OFFHAUS, DON</del>	<i>9950 83rd St</i>
STREET ADDRESS	<del>9822 84TH WAY</del>	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	T	
NAME	WATERSTRADT, VICTORIA	
STREET ADDRESS	9989 84TH ST	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	S/D	
NAME	TROY, MARIANNE	
STREET ADDRESS	<del>9976 84TH ST</del>	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	D	
NAME	BISSEY, MAX	
STREET ADDRESS	7742 CUMBERLAND RD.	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	D	
NAME	MICHALS, ANNE	
STREET ADDRESS	9990 84TH ST N	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	VD	<i>Sandy Sinopoli</i>
NAME	<del>MURPHY, MARK</del>	<i>9941 85th St. N</i>
STREET ADDRESS	<del>9950 83RD ST</del>	<i>Largo, FL 33777</i>
CITY-ST-ZIP	LARGO, FL 33777	

**DO NOT WRITE  
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:

*V. Watersfradt*  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

*727-379-0484*