## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 731745**

BENT TREE VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4119 WYATT CIRCLE SARASOTA FL 34241 4119 WYATT CIRCLE SARASOTA FL 34241

## FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90098 044 \*\*\*\*61.25



2. Principal Pl	ace of Business 2a. Mailing Address	/ - /	3. Date Incorporated or Qualifed
1 4270		LOWE DR	, , , , , , , , , , , , , , , , , , , ,
Suite, Apt.	#, etc. Suite, Apt. #, etc.		4. FEI Number Applied For
22	27		59-1938243 Not Applicable
City & State	Sota Fl ZBI CARA-Sota	F/	5. Certificate of Status Desired Fee Required
7 Country 7 7 Country 5 00 May Re			
134241 25 SARASOTA 29 3A241 30 SARAS			Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent			
81 Name NoEL J. BELCOURT			
COOK, ROGER W  82 Street Address (P.O. Box Number is Not Acceptable)			
1 1 2 2			270 MARLOWE DRIVE
4119 WYATT CIRCLE SARASOTA FL 34241			
as 7 in Code			
	The state of the s	84 City	RASOTA FL 34241
11. Pursuant to the provisions of Sections 617.0502 and 617.1508; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
71. 1166 H NOT RELAMENT VOES. 2 -10-1999			
SIGNATURE    Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE 7	Change Addition
NAME	COOK, ROGER	1,2 NAME /	MALGARET HECKINGER 4657 ALEXANDER POPELANE
STREET ADDRESS	4119 WYATT CIRCLE		
CITY-ST-ZIP	SARASOTA FL 34241	1.4 CH 1-51-ZIP	SARASOTA, FL 34241
TITLE	VD DELETE		PD Change Addition
NAME	BELCOURT, NOEL	2.2 NAME /	NOEL BELCOURT DRIVE
STREET ADDRESS	4270 MARLOW DRIVE	2.3 STREET ADDRESS	4270 11110000
CITY-ST-ZIP	SARASOTA FL 34241	<b>20</b> 1 2 1 1 2 1	SARAGOTA, FC 34041
TITLE	TD X DELETE	3.1 TITLE	S.D. Change Maddition
NAME	DOUGAN, MARIE	3.2 NAME	TUAN KIVERA
STREET ADDRESS	4661S ALEXANDER POPE LANE		4201 CHARING CROSS RD
CITY-ST-ZIP	SARASOTA FL 34241	3.4. CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	SD DELETE	4.1 TITLE	D Change
NAME	MILLS, LEE E.	4,2 NAME	ROBERT SWANSON 4533 KIPLING CIRCLE
STREET ADDRESS	4780 OVERBURY PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	4.4 CITY-ST-ZIP	SARASOTA, Fl 34241
TITLE	D DELETE	5.1 TITLE	Change Addition
NAME	WITKOWSKI, RAY	5.2 NAME	RAY WITKOWSKI 1155 SOUTHWELL WAY
STREET ADDRESS	4155 SOUTHWELL WAY		
CITY-ST-ZIP	SARASOTA FL 34241	5.4 CITY-ST-ZIP	SARASOTA, 1 34241
TITLE"	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS	•	6.3 STREET ADDRESS	
	ļ	64 CITY-ST-7IP	• • • •

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**