

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 031 ****61.25

DOCUMENT # 731745 1. Entity Name BENT TREE VILLAGE ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235 US			Mailing Address 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		40098334  02062007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1938243	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAMI MGMT INC 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMAREST, DAVID POB 2799 SARASOTA, FL 342302799	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DEMAREST, DAVID 4207 CHARING CROSS RD SARASOTA, FL 34241	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSTON, STEVE 4259 SOUTHWELL WAY SARASOTA, FL 34241	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ZACK, ROBERT 3958 DE FOE SQ. SARASOTA, FL 34241	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOEHN, JEFFREY 4763 MEREDITH LN SARASOTA, FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Y KOEHN, JEFFREY 4763 MEREDITH LANE SARASOTA, FL 34241	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIM, SUSAN 4630 TALBOT PL SARASOTA, FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SUN, SUSAN 4630 TALBOT PL. SARASOTA, FL 34241	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NYMAN, KENNETH 4607 MASEFIELD PL SARASOTA, FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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			_____ Date Daytime Phone #		