


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90225 015 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1938243	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAMI MGMT INC 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 4207 CHARING CROSS RD SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demarest, David 4207 Charing Cross Rd Sarasota FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACK, ROBERT <input type="checkbox"/> Delete 3958 DE DOE SQ SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACK, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3958 DE DOE SQ SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOEHN, JEFFREY <input checked="" type="checkbox"/> Delete 4763 MEREDITH LN SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cork, Roger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4119 Wyatt Circle Sarasota FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUN, SUSAN <input type="checkbox"/> Delete 4630 TALBOT PL SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUN, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4630 TALBOT PL SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NYMAN, KENNETH <input type="checkbox"/> Delete 4607 MASEFIELD PL SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NYMAN, KENNETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4607 MASEFIELD PL SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					