2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2003 8:00 am **Secretary of State** DOCUMENT # 731745 01-29-2003 90170 036 ****61.25 BENT TREE VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 4661-ALEXANDER POPELANE 4661 ALEXANDER-POPELANE SARASOTA FL 34241 SARASOTA FL 34241 Principal Place of Business 3. Mailing Address Beelida (d #160 Mered Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For Ety & State City & State FEI Number 59-1938243 as asota Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SATTLER, C.E. **4661 ALEXANDER POPE LANE** SARASOTA FL 34241 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 age SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRES TITLE Delete TITLE ☐ Change SATTLER, C.E. Dowling, le, William M. NAME NAME 4661 ALEXANDER POPE LANE 4273 Charina Cross Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP prida 34241 arasota Delete Change NAME 40 BOBIER, DIANA Chatfield Anthony NAME 4039 WYATT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ____ Change Addition TITLE TITLE Delete MARTENS, JOHN NAME NAME STREET ADDRESS **4142 KEATS** STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP TRES □ Delete TITLE Tres Change Addition DOUGAN, MARIE NAME NAME Harding, Tristan STREET ADDRESS 4661 ALEXANDER POPE LANE STREET ADDRESS 4107 Southwell War CITY-ST-7/P SARASOTA FL 34241 CITY-ST-7IP anasota Florida Delete Addition TITLE TITLE ☐ Change Hagan CPA DUVAL, SONNY NAME NAME 4649 ALEXANDER POPE LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34241 TITLE Delete ☐ Change TITLE Addition MELENDEZ, SHERYL A NAME 4773 CHARING CROSS ROAD STREET ADDRESS

12. Thereby 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 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.

CITY-ST-ZIP

SIGNATURE:

SARASOTA FL 34241

CITY-ST-ZIP

FILED