

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 743383**

1. Entity Name

BENT TREE HOMEOWNERS ASSOCIATION, INC. OF MELBOURNE**FILED****Feb 20, 2002 8:00 am**
Secretary of State

02-20-2002 90114 034 ****61.25

Principal Place of Business

PO BOX 372935
ATELLITE BEACH FL 32937-0935
US

Mailing Address

P O BOX 372935
SATELLITE BEACH FL 32937-0935
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1986272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****NARDELLA, EDWARD V.**
1122 STEVEN PATRICK AVE
INDIAN HARBOUR BCH FL 32937**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State**0. OFFICERS AND DIRECTORS**

TITLE	VP	☒ Delete
NAME	LIVSKY, NANCY H	
STREET ADDRESS	1008 ASHLEY AVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	PD	☐ Delete
NAME	NARDELLA, EDWARD V.	
STREET ADDRESS	1122 STEVEN PATRICK AVE.	
CITY-ST-ZIP	INDIAN HAR BCH, FL 00000	
TITLE	TD	☐ Delete
NAME	JANTZEN, AUDREY O	
STREET ADDRESS	1102 MARY JOYE AVE	
CITY-ST-ZIP	INDIAN HARBOUR BC FL	
TITLE	SD	☐ Delete
NAME	ROGERS, DONALD	
STREET ADDRESS	1123 STEVEN PATRICK AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☒ Change ☐ Addition
NAME	MONAHAN, GARY	
STREET ADDRESS	1134 MARY JOYE AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Audrey O Jantzen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/02

Date

321-773-6568

Daytime Phone #

CR2E037 (9/01)