## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 04, 2005 8:00 am Secretary of State **DOCUMENT # 743383** 1. Entity Name 08-04-2005 90001 015 \*\*\*\*61.25 BENT TREE HOMEOWNERS ASSOCIATION, INC. OF **MELBOURNE** Principal Place of Business Mailing Address P O BOX 372935 P O BOX 372935 SATELLITE BEACH FL 32937-0935 SATELLITE BEACH FL 32937-0935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For 59-1986272 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NARDELLA, EDWARD V. Street Address (P.O. Box Number is Not Acceptable) 1122 STEVĚN PATRICK AVE INDIAN HARBOUR BCH FL 32937 Zip Code FΙ 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 7, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 ROESSLER, ROBERT TITLE TITLE ☑ Delete ☐ Addition JACKSON, DIANE NAME 1111 STEVEN PATRICK AVE NAME 1123 STEVEN PATRICK AVE STREET ADDRESS SATELLITE BEACH FL: 32937 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Indian Hobr Bck, FL 32937 PD TITLE NARDELLA, EDWARD V. ☐ Defete TITLE ☐ Change ☐ Addition NAME 1122 STEVEN PATRICK AVE. STREET ADDRESS INDIAN HAR BCH, FL 00000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE JANTZEN, AUDREY O ☐ Delete TITLE ☐ Change ☐ Addition NAME 1102 MARY JOYE AVE NAME STREET ADDRESS INDIAN HARBOUR BC FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSON, DIANE THLE Delete TITLE 50 Change ☐ Addition 1123 STEVEN PATRICK AVE NAME NAME Quinn, Joanne STREET ADDRESS INDIAN HARBOUR BCH FL 32937 STREET ADDRESS 1112 Mary Joye Ave CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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: Budrey Chantzen - AUDREY JANTLEN

8/1/05

**FILED**