

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90291 016 ****61.25

DOCUMENT # 743383 1. Entity Name BENT TREE HOMEOWNERS ASSOCIATION, INC. OF MELBOURNE					
Principal Place of Business P O BOX 372935 SATELLITE 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			
Zip	Country	Zip	Country	4. FEI Number 59-1986272	
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	
NARDELLA, EDWARD V. 1122 STEVEN PATRICK AVE INDIAN HARBOUR BCH, FL 32937				Name CARR, TERRY Street Address (P.O. Box Number is Not Acceptable) 1114 MARY JOYE AVE City INDIAN HARBOUR BEACH FL Zip Code 32937	
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					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, TERRY			NAME	
STREET ADDRESS	1114 MARY JOYE AVENUE			STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH, FL 32937			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, PAT			NAME	
STREET ADDRESS	1107 ASHLEY AVENUE			STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH, FL 32937			CITY - ST - ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, JOANNE			NAME	
STREET ADDRESS	1112 MARY JOYE AVENUE			STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH, FL 32937			CITY - ST - ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINNE, JOANN			NAME	
STREET ADDRESS	1112 MARY JOYE AVE			STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BCH, FL 32937			CITY - ST - ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALSIMER, MELANIE			NAME	
STREET ADDRESS	1128 MARY JOYE AVENUE			STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BCH, FL 32937			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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 4/12/06 Daytime Phone (321) 779-4564					