

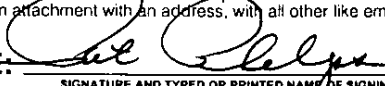


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90041 027 ****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 - No P.O. Box #		3. Mailing Address 100 North First St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cocoa Beach FL		4. FEI Number 59-1986272	
Zip		Country		Applied For Not Applicable	
32931		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VON FOSSEN, AMY B. 476 HWY. A1A, STE. 3A SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name Marilyn A. Rigerman Street Address (P.O. Box Number is Not Acceptable) 100 North First Street City Cocoa Beach FL Zip Code 32931		
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 Marilyn A. Rigerman 5-20-08	
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 DP	NAME PHELPS, PAT		<input type="checkbox"/> Delete		
STREET ADDRESS 1107 ASHLEY AVENUE	CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DS	NAME SMITH, JUDY		<input type="checkbox"/> Delete		
STREET ADDRESS 1046 ASHLEY AVENUE	CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DVP	NAME FAHEY, JAMES		<input type="checkbox"/> Delete		
STREET ADDRESS 1036 ASHLEY AVE	CITY-ST-ZIP INDIAN HABOUR BEACH, FL 32637		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Pat Phelps 5-20-08 Date Daytime Phone #		