


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90036 046 \*\*\*\*61.25

<b>DOCUMENT # 743415</b>	
1. Entity Name <b>BENT TREE WEST HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>10100 87TH ST, N LARGO, FL 33777 US</b>	Mailing Address <b>10100 87TH ST, N LARGO, FL 33777 US</b>
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**40010429**



2. Principal Place of Business - No P.O. Box # <b>10100 87 th Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>10100 87 th Street</b> Suite, Apt. #, etc.
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01262007 Chg-NP CR2E037 (12/06)

City & State <b>Largo, Florida</b>	City & State <b>Largo, Flardo</b>
Zip <b>33777</b>	Country <b>Pinellas</b>
Zip <b>33777</b>	Country <b>Pinellas</b>

4. FEI Number <b>59-1831045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MILAZZO, JOHN 9993 88TH ST NORTH LARGO, FL 33777</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 *Dolores & Friedl-MILAZZO, JOHN D 2-2-2007*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D MILAZZO, JOHN 993 88 ST SEMINOLE, FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D HUSTON, CAROL 10087 88TH STREET N. LARGO, FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>P FRIEDL, DOLORES 10000 95TH WAY LARGO, FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D NOBLE, LOIS 10097-88TH ST LARGO, FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>PTD FRIEDL, DOLORES 1000 85 WAY N SEMINOLE, FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D CROOK, BARRY 9943 88 WAY SEMINOLE, FL 33777</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Milazzo, John 9993 88th Street N, Largo, Fl.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Huston, carol 8325 112 Street #208 Seminole, Fl. 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DS Connolly, Marti 9981 88th Street Largo, Fl. 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PTD Friedl, Dolores F 10,000 85th Way N/ Largo, Fl 33777</b>

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: *Dolores & Friedl* *2-2-2007 (727-391-1817)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #