

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743415

FILED
Feb 08, 2009
Secretary of State

Entity Name: BENT TREE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10100 87TH ST, N
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

10100 87TH ST, N
LARGO, FL 33777 US

New Mailing Address:

FEI Number: 59-1831045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAZZO, JOHN
9993 88TH ST NORTH
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILAZZO, JOHN
Address: 9993 88TH STREET N
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: HUSTON, CAROL
Address: 8325 112 STREET # 208
City-St-Zip: SEMINOLE, FL 33772

Title: DS () Delete
Name: CONNOLLY, MARTI
Address: 9981 88TH STREET
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: NOBLE, LOIS
Address: 10097-88TH ST
City-St-Zip: LARGO, FL 33777

Title: PTD () Delete
Name: FRIEDL, DOLORES
Address: 10000 85TH WAY N
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: CROOK, BARRY
Address: 9943 88 WAY
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FREIDL, DOLORES
Address: 10000 85TH WAY N
City-St-Zip: LARGO, FL 33777

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: IOVINO, SHERI
Address: 9921 88TH STREET
City-St-Zip: LARGO, FL 33777

Title: D (X) Change () Addition
Name: IOVINO, STEVE
Address: 9921 88TH STREET
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA CONNOLLY

P

02/08/2009

Electronic Signature of Signing Officer or Director

Date