## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007472

FILED Feb 28, 2008 Secretary of State

Entity Name: BENT TREE OF OCALA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8009 S. ORANGE AVENUE 5955 T.G. LEE BLVD

ORLANDO, FL 32809 SUITE 300

ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

8009 S. ORANGE AVENUE 5955 T.G. LEE BLVD ORLANDO, FL 32809 SUITE 300

ORLANDO, FL 32822

FEI Number: 56-2292477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FURLOW, REBECCA
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US
FURLOW, REBECCA
5955 T.G. LEE BLVD
SUITE 300

RLANDO, FL 32809 US SUITE 300 ORLANDO, FL 32822 US

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: REBECCA FURLOW 02/28/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DONALDSON, THOMAS
 Name:
 MORANG, RICK

 Address:
 8152 SW 56 AVENUE ROAD
 Address:
 5541 SW 81 LANE

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34476

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MAINE, MORGAN
 Name:
 MAIER, HEIDI

 Address:
 POB 770523
 Address:
 5547 SW 82 PLACE

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34476

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$ 

 Name:
 ADAMSON, LINDA M
 Name:
 DEWESE, KAREN

 Address:
 8200 SW 56 TERRACE
 Address:
 5584 SW 82 PLACE

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34476

 Title:
 T
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 KNORST, MICHAEL D
 Name:
 KNORST, MICHAEL D

 Address:
 5518 SW 84 PLACE
 Address:
 5518 SW 84 PLACE

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34476

 Name:
 Name:
 GLOVER, ELIZABETH

 Address:
 Address:
 8388 SW 56 TERRACE

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34476

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: REBECCA FURLOW PRES 02/28/2008

Electronic Signature of Signing Officer or Director

Date