

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007472

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

Current Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

FEI Number: 56-2292477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLOW, REBECCA
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

FURLOW, REBECCA
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORANG, RICK
Address: 5541 SW 81 LANE
City-St-Zip: OCALA, FL 34476

Title: VP () Delete
Name: MAIER, HEIDI
Address: 5547 SW 82 PLACE
City-St-Zip: OCALA, FL 34476

Title: S () Delete
Name: DEWEESE, KAREN
Address: 5584 SW 82 PLACE
City-St-Zip: OCALA, FL 34476

Title: P () Delete
Name: KNORST, MICHAEL D
Address: 5518 SW 84 PLACE
City-St-Zip: OCALA, FL 34476

Title: T () Delete
Name: GLOVER, ELIZABETH
Address: 8388 SW 56 TERRACE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: MAIER, HEIDI
Address: 5547 SW 82 PLACE
City-St-Zip: OCALA, FL 34476

Title: VP (X) Change () Addition
Name: DEWEESE, KAREN
Address: 5584 SW 82 PLACE
City-St-Zip: OCALA, FL 34476

Title: S (X) Change () Addition
Name: ESPLEN, NANCY
Address: 5557 SW 82ND PLACE
City-St-Zip: OCALA, FL 34476

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

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date