2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N04000000629

Entity Name: BENT TREE SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST STE 103
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST STE 103
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 54-2139402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUSE, GARY
PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804 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: P ( ) Delete
Name: MORAN, MIKE
Address: 12212 STILL MEADOW DR
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: NUNZIO, RINALDO
Address: 13016 BAYBROOK LN
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete
Name: MILLER, KELLY
Address: 12118 STILL MEADOW DR
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete
Name: OCONNER, KIM
Address: 12027 STILL MEADOW DR
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: LANGLEY, SUSAN
Address: 13012 BAYBROOK LN
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MILLER, KELLY
Address: 12118 STILL MEADOW DR
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change ( ) Addition
Name: LANGLEY, SUSAN
Address: 13012 BAYBROOK LN
City-St-Zip: CLERMONT, FL 34711

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

Title: D (X) Change ( ) Addition
Name: MCCARTHY, KIMBERLY
Address: 13045 BAYBROOK LN
City-St-Zip: CLERMONT, FL 34711

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: MIKE MORAN PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date