

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90134 048 ****61.25

DOCUMENT # N09571

1. Entity Name
**BENT TREE VILLAGE SUBDIVISION, UNIT 3,
MAINTENANCE AND PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**% 4826 CHERRY LAUREL CIRCLE
SARASOTA, FL 34241**

Mailing Address
**% 4826 CHERRY LAUREL CIRCLE
SARASOTA, FL 34241**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2617057

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUBIN ENTERPRISES, INC
4308 74 TERR N
SARASOTA, FL 34243**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CHARLOTTE, JEFFREY
STREET ADDRESS 4826 CHERRY LAUREL CIR
CITY-ST-ZIP SARASOTA, FL 34241 ☐ Delete

TITLE
NAME **DEP CLAND**
STREET ADDRESS **7532 WEEPING WILLOW DR.**
CITY-ST-ZIP **SARASOTA, FL 34241** ☐ Change ☒ Addition

TITLE VPD
NAME MICELI, JOHN
STREET ADDRESS 4886 CHERRY LAUREL CIR
CITY-ST-ZIP SARASOTA, FL 34241 ☒ Delete

TITLE D
NAME **SCOTT ABEL**
STREET ADDRESS **7750 SILVER BELL DR.**
CITY-ST-ZIP **SARASOTA, FL 34241** ☐ Change ☒ Addition

TITLE TD
NAME ROGERS, LYN
STREET ADDRESS 7811 WEEPING WILLOW CIR
CITY-ST-ZIP SARASOTA, FL 34241 ☒ Delete

TITLE D
NAME **SANDY USMILLA**
STREET ADDRESS **7414 PEARL BUSH LANE**
CITY-ST-ZIP **SARASOTA, FL 34241** ☐ Change ☒ Addition

TITLE D
NAME SCHUR, PAUL
STREET ADDRESS 4845 CHERRY LAUREL CIR
CITY-ST-ZIP SARASOTA, FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MOORE, ROGER
STREET ADDRESS 7529 WEEPING WILLOW BLVD
CITY-ST-ZIP SARASOTA, FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME VANDENOEVER, TONY
STREET ADDRESS 7601 WEEPING WILLOW BLVD
CITY-ST-ZIP SARASOTA, FL 34241 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

3/27/06

941-228-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #