


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 030 \*\*\*\*61.25

<b>DOCUMENT # N09571</b>					
<b>1. Entity Name</b> BENT TREE VILLAGE SUBDIVISION, UNIT 3, MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> % 4826 CHERRY LAUREL CIRCLE SARASOTA, FL 34241			<b>Mailing Address</b> % 4826 CHERRY LAUREL CIRCLE SARASOTA, FL 34241		
<b>2. Principal Place of Business - No P.O. Box #</b> 4308 74th TERRACE E. ST		<b>3. Mailing Address</b> P.O. Box 5732			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> SARASOTA, FL		<b>City &amp; State</b> SARASOTA, FL		<b>4. FEI Number</b> 59-2617057	
<b>Zip</b> 34243		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  DUBIN ENTERPRISES, INC 4308 74 TERR N SARASOTA, FL 34243			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> CHARLOTTE, JEFFREY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> DANALL HUMBLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4826 CHERRY LAUREL CIR	<b>CITY-ST-ZIP</b> SARASOTA, FL 34241		<b>STREET ADDRESS</b> 7507 WEEPING WILLOW DRIVE	<b>CITY-ST-ZIP</b> SARASOTA, FL 34241	
<b>TITLE</b> D	<b>NAME</b> ANBEL, SCOTT	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7750 SILVER BELL DR	<b>CITY-ST-ZIP</b> SARASOTA, FL 34241		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> VINELLA, SANDY	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7414 PEARL BUSH LN	<b>CITY-ST-ZIP</b> SARASOTA, FL 34241		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> SCHUR, PAUL	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4845 CHERRY LAUREL CIR	<b>CITY-ST-ZIP</b> SARASOTA, FL 34241		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> MOORE, ROGER	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7529 WEEPING WILLOW BLVD	<b>CITY-ST-ZIP</b> SARASOTA, FL 34241		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> CLELAND, CHIP	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7532 WEEPING WILLOW TR	<b>CITY-ST-ZIP</b> SARASOTA, FL 34241		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Scott Anbel</i> <i>SCOTT ANBEL 2/9/07</i> <i>941-228-9988</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					