## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N09571**

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



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

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

2. Principal Place of Business - No PO Box # 4388 74 1	Principal Place % 4826 CHE SARASOTA, F	rry Laurel Circle	i siegrafia										
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20 Country 3 UA	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	01192007 CI	ng-NP CR2E037	(12/06)						
DUBIN ENTERPRISES, INC 4306 74 TERR N SARASOTA, FL 34243    City   FL   Zip Code	City & State  SARASO SA, FZ  City & State SARASO SA, FZ			2	4. FEI Number 59-261705	<u> </u>	No	Applicable					
DUBIN ENTERPRISES, INC 4308 74 TERR N SARASOTA, FL 34243  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 Porda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbol	3424	Country U.G.	マリンシュ マインシュ		5. Certificate of St	atus Desired	8.75 Add se Required	itional					
Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Fling Fee is \$61.25  Byeator, hyeat or pretect name of requirement agent and the 4 applicables  Vinotific Represend Agent agreet and event year and the 4 applicables  Vinotific Represend Agent agreet and person agent and the 4 applicables  Vinotific Represend Agent agreet and person required agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligation of Porida Department of State  Filing Fee is \$61.25  Piling Fee is \$61	· · · · · · · · · · · · · · · · · · ·												
### Street Address (P.O. Box Number is Not Acceptable)    City													
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILING Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 0.  THE PO CHARLOTTE, JEFFREY SIREI ADDRESS CITY-51-2P  CITY-51-2P  SARASOTA, FL 34241  D. ADDRESS CITY-51-2P  SIREI ADDRESS SIREI A				Street A	Street Address (P.O. Box Number is Not Acceptable)								
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Supreture Institute   Supr	SARASOT	A, FL 34243		-		171 T E T 171-11 HEIT EMIT							
8. The above named entry 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		:		City		FI	Zip Code	•					
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10.	SIGNATURE .	Signature, typed or printed name of registered agent and titl	le if applicable. (NOTE: Re	egistered Agent signati	ure required when reinstating)	DATE							
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CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP													
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		<del></del>	er- d				ab at the state of						

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 eath; 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.

SIGNATINE AND TYPED OF BRINTED NAME OF BRI	HING DEEDCED OR DE	ECTOD .	•	Date	Doubens Share 6
SIGNATURE: Foth Claff	500 07	ANGEL "	2/9/07	5	71-228.998