

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90323 028 ****61.25

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1. Entity Name
VALRICO BENT TREE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**P. O. BOX 1604
VALRICO, FL 33594 US**

Mailing Address
**P. O. BOX 1604
VALRICO, FL 33594 US**

14000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOCHER, LINDA
3966 APPLETREE DRIVE
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name **JOHN T. NELSON**

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

3952 APPLETREE DR.

City **VALRICO**

FL **33594**

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 **JOHN T. NELSON TREASURER** *John T. Nelson* **04/21/05**
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, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CUTRI, DIANNE	
STREET ADDRESS	2908 APPLETREE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAISEBERY, GEOGETTIE	
STREET ADDRESS	3945 APPLETREE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOCHER, LINDA	
STREET ADDRESS	3966 APPLETREE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALONSO, THERESE	
STREET ADDRESS	3973 APPLETREE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCELLO, TONY	
STREET ADDRESS	3922 APPLETREE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAISEBERY, GEORGETTE	
STREET ADDRESS	3945 APPLETREE DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMBLE, TERRY	
STREET ADDRESS	3902 APPLETREE DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN T. NELSON NELSON, JOHN T.	
STREET ADDRESS	3952 APPLETREE DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIS, BOB	
STREET ADDRESS	3960 APPLETREE DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC FADDEN, TONY	
STREET ADDRESS	3972 APPLETREE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John T. Nelson* **JOHN T. NELSON** **04/21/05** **813/643-1309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #