2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2006
Secretary of State

DOCUMENT# N93000000566

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

Current Principal Place of Business:

P. O. BOX 1604
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1604
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, JOHN T
3952 APPLETREE DR
VALRICO, FL 33594 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: GRAISBGRY, GEORGETTE
Address: 3945 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

Title: V ( ) Delete
Name: WOMBLG, TERRY
Address: 3902 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: ME;SPM, KPJM T
Address: 3952 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: WEIS, BOB
Address: 3960 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: MCFADDEN, TONY
Address: 3972 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: DOWNEY, ROBERT A
Address: 3962 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

Title: S (X) Change ( ) Addition
Name: CARLUCCI, PAUL P
Address: 3916 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change ( ) Addition
Name: NELSON, JOHN T
Address: 3952 APPLETREE DR
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT A DOWNEY TREA 06/11/2006
Electronic Signature of Signing Officer or Director — Date