


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90002 038 \*\*\*\*61.25

<b>DOCUMENT # N93000000566</b> 1. Entity Name <b>VALRICO BENT TREE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>P. O. BOX 1604 VALRICO, FL 33594 US</b>			Mailing Address <b>P. O. BOX 1604 VALRICO, FL 33594 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEIS, ROBERT 3960 APPLETREE DR VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Robert A. Weis</i></u> <i>President</i> <span style="float: right;">8/22/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing 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>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEIS, ROBERT <input type="checkbox"/> Delete 3960 APPLETREE DR VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAKEVICK, KEVIN <input type="checkbox"/> Delete 3956 APPLETREE DR VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITCOMB, WILLIAM <input checked="" type="checkbox"/> Delete 3964 APPLETREE DR VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PYLES, WILLIAM <input type="checkbox"/> Delete 3959 APPLETREE DR VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHER, DAVID <input type="checkbox"/> Delete 3966 APPLETREE DR VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D TOM NELSON 3952 APPLETREE DR. VALRICO, FL 33594					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition Pyles, William 3959 Appletree Dr. Valrico, FL 33594					
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S KOCHER, David 3966 Appletree Dr Valrico, FL 33594					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Kevin Sakevich</i></u> <i>KEVIN SAKEVICH</i> <span style="float: right;">8/22/2008 813-655-0949</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					