2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000566

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 1604

VALRICO, FL 33594 US

Current Mailing Address: New Mailing Address:

P. O. BOX 1604

VALRICO, FL 33594 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEIS, ROBERT DOWNEY, ROBERT A 3960 APPLETREE DR 3962 APPLETREE DR US VALRICO, FL 33594 US VALRICO, FL 33594

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: ROBERT A. DOWNEY 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WEIS. ROBERT ENGDAHL, RICK Name: Name: 3960 APPLETREE DR Address: 3961 APPLETREE DR Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

SAKEVICK, KEVIN DOWNEY, ROBERT Name: Name: Address: 3956 APPLETREE DR Address: 3962 APPLETREE DR City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

PYLES, WILLIAM KINNEY, DEBORAH Name: Name: 3959 APPLETREE DR 3921 APPLETREE DR Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

Name: KOCHER, DAVID Name: KOCHER, DAVID 3966 APPLETREE DR 3966 APPLETREE DR Address: Address: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name:

NELSON, TOM APPLEYARD, LYNN Name: 3952 APPLETREE DR 3949 APPLETREE DR Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify 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** 04/30/2009