


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003105	
1. Entity Name BENT TREE SOUTH HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 2733 BENT LEAF DR. VALRICO, FL 33594 US	Mailing Address P O BOX 2511 VALRICO, FL 33595 US
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07082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3349695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAMES, JUDITH L 325 S. BOULEVARD TAMPA, FL 33606
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUARISCO, JOHN 2725 BENT LEAF DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THIBODEAU, DAVID 2735 BENT LEAF DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALSOP, SUZANNE 2739 BENT LEAF DR VALRICO, FL 33594
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07/11/07-80004-018 61.25

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: *Suzanne Alsop* - *Suzanne Alsop* **7/8/07** **813 655-7805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #