

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-02-2001 90168 007 ****61.25

DOCUMENT # N98000002267

1. Entity Name

BENT TREE OWNERS' ASSOCIATION, INC.

Principal Place of Business

10 RACETRACK ROAD NW
 FORT WALTON BEACH FL 32547

Mailing Address

10 RACETRACK ROAD NW
 FORT WALTON BEACH FL 32547

2. Principal Place of Business

961 John Wayne Circle
 Suite, Apt. #, etc.

3. Mailing Address

961 John Wayne Circle
 Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32547

Country

USA

Zip

32547

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KRUSE, CRAIG J
 10 RACETRACK ROAD NW
 FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Mike Gray

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

948 John Wayne Circle

City

Fort Walton Beach

FL

Zip Code

32547

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRUSE, CRAIG J	
STREET ADDRESS	10 RACETRACK ROAD NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CARLINO, BETTINA A	
STREET ADDRESS	10 RACETRACK ROAD NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEAD, MICHAEL WM	
STREET ADDRESS	24 WALTER MARTIN ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Mike Gray	
STREET ADDRESS	948 John Wayne Circle	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Winkie pleck	
STREET ADDRESS	954 John Wayne Circle	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Rodolito	
STREET ADDRESS	999 John Wayne Circle	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Charlton	
STREET ADDRESS	961 John Wayne Circle	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED CRAIG J. Kruse

Date

Daytime Phone #

3/2/01 850 863-4900

CR2E037 (10/00)