

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000002267

1. Entity Name
BENT TREE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**966 JOHN WAYNE CIRCLE
FORT WALTON BEACH, FL 32547 US**

Mailing Address
**PO BOX 1153
MARY ESTHER, FL 32569 US**



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

**KARLEY, ERIC
966 JOHN WAYNE CIRCLE
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

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 *Eric D. Karley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARLEY, ERIC 966 JOHN WAYNE CIRCLE FORT WALTON BEACH, FL 32547
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MASLANKA, EDWARD 954 JOHN WAYNE CIRCLE FORT WALTON BEACH, FL 32547
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITSO, ANGELA 990 JOHN WAYNE CIRCLE FORT WALTON BEACH, FL 32547
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGG, DONNA 982 JOHN WAYNE CIRCLE FORT WALTON BEACH, FL 32547
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U0000000338653
03/05/08-80037-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Eric D. Karley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/08
Date Daytime Phone #