

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90145 013 ****61.25

DOCUMENT # N98000002267

1. Entity Name

BENT TREE OWNERS' ASSOCIATION, INC.



Principal Place of Business

**961 JOHN WAYNE CIRCLE
FORT WALTON BEACH FL 32547
US**

Mailing Address

**961 JOHN WAYNE CIRCLE
FORT WALTON BEACH FL 32547
US**

11012488



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

P.O. Box 1153
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1153
Suite, Apt. #, etc.

City & State

MARY ESTHER Florida
Zip **32569** Country **US**

City & State

MARY ESTHER Florida
Zip **32569** Country **US**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAY, MIKE
948 JOHN WAYNE CIRCLE
FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name **PALMER, WALTER**

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

972 John Wayne Circle

City **Fort Walton Beach**

FL

Zip Code **32517**

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 **Walter Palmer Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

22 Apr 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **GRAY, MIKE**
STREET ADDRESS **948 JOHN WAYNE CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **VPD** ☒ Delete
NAME **PLECK, JIM W**
STREET ADDRESS **954 JOHN WAYNE CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **ST** ☒ Delete
NAME **BODOLLO, JOE**
STREET ADDRESS **999 JOHN WAYNE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **T** ☒ Delete
NAME **CHARLTON, CHUCK**
STREET ADDRESS **961 JOHN WAYNE CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **BARNETT, REBECCA**
STREET ADDRESS **940 John Wayne Circle**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **Sutton, Kristine VAD** ☐ Change ☒ Addition
NAME **SENTON, KRISTINE**
STREET ADDRESS **963 John Wayne Circle**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **ST** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **WALTER PALMER**
STREET ADDRESS **972 John Wayne Circle**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Walter Palmer**

22 Apr 2003

800-812-4319

CR2E037 (10/02)