

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90079 031 ****61.25

DOCUMENT # N99000003227																													
1. Entity Name THE BENT TREE CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business 1994 MID OCEAN CIR. SARASOTA, FL 34239			Mailing Address % KAREN MAIDEN 1994 MID OCEAN CIR. SARASOTA, FL 34239																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		Country																									
4. FEI Number 65-0926930				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 MAIDEN, KAREN 1994 MID OCEAN CIR. SARASOTA, FL 34239			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
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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: <i>Beth Bergman</i> <i>Beth Bergman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date: <i>1/18/05</i> Daytime Phone #: <i>941-922-0188</i>																													