


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90021 039 \*\*\*\*61.25


**DOCUMENT # N99000003227**

1. Entity Name  
**THE BENT TREE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1994 MID OCEAN CIR.          SARASOTA, FL 34239</b>	Mailing Address <b>% KAREN MAIDEN          1994 MID OCEAN CIR.          SARASOTA, FL 34239</b>
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**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0926930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MAIDEN, KAREN  
 1994 MID OCEAN CIR.  
 SARASOTA, FL 34239**

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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
 Due by May 1, 2006**

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	STD CHADWICK, JO 4500 BENT TREE BLVD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, Alfredo 7303 WEEPING WILLOW DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERGMAN, Art 4510 BENT TREE BLVD SARASOTA, FL 34241
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Art Bergman Date: 1/23/06 Daytime Phone #: 941-922-0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR