


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90020 018 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0926930	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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		
TITLE IP	NAME Elizabeth Bergman		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4510 Bent Tree Blvd	Sarasota, FL 34241		STREET ADDRESS	CITY-ST-ZIP	
TITLE C	NAME FERNANDEZ, ALFREDO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1641 Eagle View Crt.	SARASOTA, FL 34232		STREET ADDRESS	CITY-ST-ZIP	
TITLE DST	NAME BERGMAN, ART		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4510 BENT TREE BLVD	SARASOTA, FL 34241		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME Nicholas Sarria		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6012 43rd Ct. E.	Bradenton, FL 34203		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Elizabeth Bergman</i>			Director		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/30/08 941-922-0100		
<small>Date</small>			<small>Daytime Phone #</small>		