2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734552

FILED Mar 19, 2009 Secretary of State

Entity Name: BENT TREE PARCEL NO. 1-A ASSOCIATION, INC.

Current Principal Place of Business: 13358 S.W. 128TH ST. MIAMI, FL 33186			New Principal Place	New Principal Place of Business:	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
13358 S.W MIAMI, FL	/. 128TH ST. 33186				
FEI Number:	59-1923336	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
KOBRIN, E 8900 SW 1 MIAMI, FL	DAVID PA ES 107TH AVE ST 33176 US	ΓE 706			
	named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (ALBERTS, KAT 4918 S.W. 138 MIAMI, FL 331	BTH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (HERNANDEZ, 4904 S.W. 138 MIAMI, FL 331	BAVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LUNDRY, WEN 13753 SW 49T MIAMI, FL 331	TH ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (PISSERI, PHIL 5004 SW 137T MIAMI, FL 331	тн ст	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (PEREZ, SAHY 4921 SW 137 MIAMI, FL 331	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTS KATHY PD 03/19/2009