

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734555

FILED
Jan 17, 2009
Secretary of State

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

Current Principal Place of Business:

9045 SW 96 AVE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 163243
MIAMI, FL 331163243 US

New Mailing Address:

FEI Number: 59-1650259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
GLOBAL COMMERCE CENTER
1900 NORTH COMMERCE PKWY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP/D () Delete
Name: GARCIA, JULIAN
Address: 5510 SW 139 PL
City-St-Zip: MIAMI, FL 33175

Title: STD () Delete
Name: CARPENTER, ANN
Address: 5410 SW 139 CT
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: GARCIA, JULIAN M MELANIE
Address: 5510 SW 139 PL
City-St-Zip: MIAMI, FL 33175

Title: TD (X) Change () Addition
Name: CARPENTER, ANN M MELANIE
Address: 5410 SW 139 CT
City-St-Zip: MIAMI, FL 33175

Title: SD () Change (X) Addition
Name: KASNER, LOIS
Address: 13967 SW 55 ST
City-St-Zip: MIAMI, FL 33175

Title: D () Change (X) Addition
Name: CEBEY, JOSE MR
Address: 5504 SW 139 PL
City-St-Zip: MIAMI, FL 33175

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: LOIS KASNER

S

01/17/2009

Electronic Signature of Signing Officer or Director

Date