2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State
01-22-2007 90102 020 ****61.25

DOCUMENT # N05000003915

1. Entity Name
BENT CREEK MASTER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8136 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33411	8136 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33411

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
901 Northpoint Pkwy	901 Northpoint Pkwy
Suite, Apt. #, etc.: Suite 307	Suite, Apt. #, etc.: Suite 307
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33407 Country: USA	Zip: 33407 Country: USA

4. FEI Number 20-2735864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAPUTO, SHARON 1015 NORTH STATE ROAD 7, SUITE C ROYAL PALM BEACH, FL 33411	☐ Delete change address	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Sharon Caputo 8136 Okeechobee Blvd. West Palm Beach, FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CIERPIK, JILL 8190 STATE ROAD 84 DAVIE, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ☑ Change ☐ Addition Omar Kiem 8136 Okeechobee Blvd. West Palm Beach FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DREWS, ROBERT 1013 NORTH STATE ROAD 7 ROYAL PALM BEACH, FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ☐ Change ☐ Addition ~~Lorrie~~ Knight 8136 Okeechobee Blvd. West Palm Beach, FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Sharon Caputo 1.16.07 (561) 333-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ext. 2040