

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744111 (6)

1. Corporation Name

BENT TREE CENTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**13848 SW 56TH ST
MIAMI FL 33175
US**

**13848 SW 56TH ST
MIAMI FL 33175
US**

3. Date Incorporated or Qualified
08/30/1978

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1881414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRALEY, STEPHEN J.
3990 SHERIDAN ST
STE 109
HOLLYWOOD FL 33021**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD MAHER, JOHN A**
STREET ADDRESS **13936 SW 52 TERRACE**
CITY - ST - ZIP **MIAMI FL 33175**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VP Negrin, Francisco**
1.3 STREET ADDRESS **13942 SW 52 Lane**
1.4 CITY - ST - ZIP **miami, FL 33175**

TITLE ☐ DELETE
NAME **TD MOORE, PATRICK**
STREET ADDRESS **13950 SW 52 LANE**
CITY - ST - ZIP **MIAMI FL 33175**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **VSD SHUPE, NORMA JANE**
STREET ADDRESS **13935 SW 52 TERR.**
CITY - ST - ZIP **MIAMI FL 33175**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D BERV, EMILY**
STREET ADDRESS **13945 SW 52 LANE**
CITY - ST - ZIP **MIAMI FL 33175**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DS BERV, Emily**
4.3 STREET ADDRESS **13945 SW 52 Lane**
4.4 CITY - ST - ZIP **miami, FL 33175**

TITLE ☐ DELETE
NAME **D RAMOS, MARY KAY**
STREET ADDRESS **13946 SW 52 LANE**
CITY - ST - ZIP **MIAMI FL 33175**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Maher* **John A. Maher** 1/25/96 305-380-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)