


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90017 026 \*\*\*\*61.25

<b>DOCUMENT # 734555</b> 1. Entity Name BENT TREE PARCEL NO. 1-B ASSOCIATION, INC.					
Principal Place of Business 9045 SW 96 AVE MIAMI, FL 33176 US			Mailing Address PO BOX 163243 MIAMI, FL 33116-3243 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAKALAR, BROUGH & CHADROW, P.A. 150 SOUTH PINE ISLAND RD., SUITE 540 PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-CRUZ, ADALYS		NAME	LOPEZ, Cruz, Adalys	
STREET ADDRESS	10145 SW 141 CT		STREET ADDRESS	10145 SW 141 CT	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ULIAN		NAME	JULIAN Garcia	
STREET ADDRESS	5510 SW 139 PL		STREET ADDRESS	5510 SW 139 PL	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	Miami, FL 33175	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASNER, LOIS		NAME	CALLE, HERNANDO	
STREET ADDRESS	5407 S.W. 138TH PL.		STREET ADDRESS	5302 SW 137 CT	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, ANN		NAME		
STREET ADDRESS	5410 SW 139 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, JAMES		NAME		
STREET ADDRESS	5301 SW 139 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, SANDRA		NAME		
STREET ADDRESS	5302 SW 138 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Hernando Calle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> HERNANDO CALLE			1/29/05 305-273-601 <small>Date Daytime Phone #</small>		