2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# 744111

Entity Name: BENT TREE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

13831 SW 59TH STREET
101B
MIAMI, FL 331831145 US

New Principal Place of Business:

Current Mailing Address:

13831 SW 59TH STREET
101B
MIAMI, FL 331831145 US

New Mailing Address:

FEI Number: 59-1881414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOBRIN, DAVID
8900 SW 107TH AVENUE
SUITE 206
MIAMI, FL 33176 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:	PD	( ) Delete
Name:	MAHER, JOHN A MR.	
Address:	13936 SW 52 TERRACE	
City-St-Zip:	MIAMI, FL 33175 US	
Title:	TD	( ) Delete
Name:	MOORE, PATRICK F MR.	
Address:	13950 SW 52 LANE	
City-St-Zip:	MIAMI, FL 33175 US	
Title:	DSVP	( ) Delete
Name:	MAYDA, GONZALES MRS.	
Address:	5224 SW 139 AVE RD	
City-St-Zip:	MIAMI, FL 33175 US	
Title:	D	(X) Delete
Name:	FLEMING, JANET J MS.	
Address:	13923 SW 49 CIRCLE TERRACE	
City-St-Zip:	MIAMI, FL 33175 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN A. MAHER MR. 01/06/2006

Electronic Signature of Signing Officer or Director — Date