2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90241 004 ****61.25

DOCUMENT # 734555

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

60002375

Principal Place of Business	Mailing Address
9045 SW 96 AVE MIAMI, FL 33176 US	PO BOX 163243 MIAMI, FL 33116-3243 US

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1650259 ☐ Applied For ☐ Not Applicab

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
BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY WESTON, FL 33326	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 accep the obligations of registered agent.

SIGNATURE [signature], TREASURER 1/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	D LOPEZ-CRUZ, ADALYS 10145 SW 141 CT MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P LOPEZ-CRUZ, ADALYS	☑ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D GARCIA, JULIAN 5510 SW 139 PL MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CALLS, HERNANDO 5302 SW 137 CT MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CALLE, HERNANDO	☑ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARPENTER, ANN 5410 SW 139 CT MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OAKLEY, JAMES 5301 SW 139 PL MIAMI, FL 33175	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: