2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002325

FILED Mar 13, 2009 Secretary of State

Entity Name: BENT TREE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 **New Mailing Address: Current Mailing Address:** ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US FEI Number: 65-0684973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DICKER, EDWARD 1818 AUSTRALIAN AVE S SUITE 400 WEST PALM BEACH, FL 33409 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WEST, DEBRA M RUBINS, JONATHAN P Name: Name: 465 WOODVIEW CIRCLE Address: 194 BENT TREE DRIVE Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip: PALM BEACH GARDENS, FL 33418 US Title: VD () Delete Title: (X) Change () Addition PORTANOVA, PHYLLIS Name: DEATON, LARRY V Name: Address: 321 TIMBERWOOD CT Address: 138 BENT TREE DRIVE City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: SD () Delete Title: (X) Change () Addition QUILLEN, EDEN BROWN, MAUREEN S Name: Name: 423 WOODVIEW CIRCLE 164 BENT TREE DRIVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: D (X) Change () Addition Name: KYNE, PATRICIA Name: KYNE, BETH D 429 WOODVIEW CIRCLE 429 WOODVIEW CIRCLE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: () Change (X) Addition REIFLER, IRVING T Name: Name: 179 BENT TREE DRIVE Address: Address: City-St-Zip: City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify 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: SIMON ABREU, APM AGT 03/13/2009