2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002325

FILED Mar 01, 2011 Secretary of State

Entity Name: BENT TREE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ASSOCIATED PROPERTY MGMT 8259 N MILITARY TRAIL

1928 LAKE WORTH RD SUITE 11

LAKE WORTH, FL 33461 US PALM BEACH GARDENS, FL 33410 US

Current Mailing Address: New Mailing Address:

ASSOCIATED PROPERTY MGMT 8259 N MILITARY TRAIL

1928 LAKE WORTH RD SUITE 11

LAKE WORTH, FL 33461 US PALM BEACH GARDENS, FL 33410 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

SEA BREEZE CMS, INC

1818 AUSTRALIAN AVE S SUITE 400

SEA BREEZE CMS, INC

8259 N MILITARY TRAIL

WEST PALM BEACH, FL 33409 US SUITE 11

PALM BEACH GARDENS, FL 33410 US

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: BEVERLEY JAMASON 03/01/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: LEWIS, LISA

Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP

Name: KYNE, BETH

Address: 8259 N MILITARY TRAIL, SUITE 11 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title:

Name: REIFLER, IRVING

Address: 8259 N MILITARY TRAIL, SUITE 11 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S

Name: BROWN, MAUREEN

Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title:

Name: RUBINS, JONATHAN T

Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: LISA LEWIS PRES 03/01/2011