

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734555

Entity Name: BENT TREE PARCEL NO. 1-B ASSOCIATION, INC.**Current Principal Place of Business:**2149 NORTH COMMERCE PARKWAY
WESTON, FL 32226**Current Mailing Address:**PO BOX 163243
MIAMI, FL 33116-3243 US**FEI Number:** 59-1650259**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	KASNER, LOIS
Address	13967 SW 55 ST
City-State-Zip:	MIAMI FL 33175

Title	PRESIDENT
Name	ARGUELLES, MICHAEL
Address	15539 SW 55 STREET
City-State-Zip:	MIAMI FL 33175

Title	VP, DIRECTOR
Name	MARTINEZ, NANETTE
Address	5303 SW 138TH CT
City-State-Zip:	MIAMI FL 33175

Title	SECRETARY, TREASURER
Name	GARCIA, CAROLINA
Address	5306 SW 138TH COURT
City-State-Zip:	MIAMI FL 33175

Title	DIRECTOR
Name	HENRIGUEZ, YOLANDA
Address	5305 SW 138 PLACE
City-State-Zip:	MIAMI FL 33175

Title	DIRECTOR
Name	DORTA, ERNESTO
Address	5305 SW 137 COURT
City-State-Zip:	MIAMI FL 33175

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: LOIS KASNER**DIRECTOR****02/07/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date