


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90031 035 \*\*\*\*61.25

<b>DOCUMENT # 734552</b> 1. Entity Name <b>BENT TREE PARCEL NO. 1-A ASSOCIATION, INC.</b>					
Principal Place of Business 13358 S.W. 128TH ST. MIAMI, FL 33186			Mailing Address 13358 S.W. 128TH ST. MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>KOBRIN, DAVID PA ESQ</b> <b>8900 SW 107TH AVE STE 706</b> <b>MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTS, KATHY			NAME	
STREET ADDRESS	4918 S.W. 138TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ROBERTO			NAME	
STREET ADDRESS	4904 S.W. 138 AVE.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY, WENDY			NAME	
STREET ADDRESS	13753 SW 49TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISSERI, PHILIP			NAME	
STREET ADDRESS	5004 SW 137TH CT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SAHYLI			NAME	
STREET ADDRESS	4921 SW 137 CT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Kathy Alberts</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>1/27/08</i> <i>786-596-8719</i> <small>Date Daytime Phone #</small>	