

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734553

FILED
Mar 26, 2009
Secretary of State

Entity Name: BENT TREE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O POFF MANAGEMENT SERVICES
12850 HUNTERS POINT
SOUTHWEST RANCHES, FL 33330 US

New Principal Place of Business:

CENTURY MANAGEMENT SERVICES, INC.
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

Current Mailing Address:

12850 HUNTERS POINT
SOUTHWEST RANCHES, FL 33330 US

New Mailing Address:

CENTURY MANAGEMENT SERVICES, INC.
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

FEI Number: 59-1648819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POFFENBARGER, MARK A
12850 HUNTERS POINT
SOUTHWEST RANCHES, FL 33330 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA
10TH FLOOR
CORAL GABLES, FL 33134 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: BECKER & POLIAKOFF

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SORDIA, JOSE TD
Address: 13000 SW133 CT.
City-St-Zip: MIAMI, FL 33186

Title: P () Delete
Name: MAHER, JOHN A
Address: 13936 SW 52 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: KAELIN, PAM
Address: 13752 SW 48TH STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SORDIA, JOSE TD
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change () Addition
Name: MORGAN, PETER
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: T (X) Change () Addition
Name: KAELIN, PAM
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

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: MARK POFFENBARGER

AGEN

03/26/2009

Electronic Signature of Signing Officer or Director

Date