## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 737588**

BENT TREE PARCEL NO. 1-C ASSOCIATION, INC.

|--|

FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business Mailing Address C/O JOENSO PROPERTIES, INC. 13000 SW 133CT MIAMI FL 33186 C/O JOENSO PROPERTIES, INC. 13000 SW 133CT MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1745228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, NESTOR Street Address (P.O. Box Number is Not Acceptable) 3971 SW 8TH STREET CORAL GABLES FL 33138 Zip Code City 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 Signature, typed or partial name of log streed agent and tile if applicable. (NOTE Bis) stored Agent signature redured when religionaring) dende ettilkija ettelete Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008" Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delate TITLE ☐ Change Addition SORDIA, JOSE NAME NAME 13000 SW 13 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delote TITLE ☐ Change Addition VEGA, JOSEFINA NAME U00000838010 13000 SW 133 CT STREET ADDRESS STREET ADDRESS 04/25/08~80070-021 61.25 MIAMI FL 33186 CITY-ST-ZIP CITY - ST- ZIP TD TITLE ☐ Delete TITLE Change C Addition AGUDELO, BETTY NAME NAME 13000 SW 133 CT. STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-7IP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 702 TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 than the property of the corporation of the corporatio

SIGNATURE: (2)

lo: Sondra

(305) 257-6202