

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90115 023 \*\*\*\*70.00

**DOCUMENT # 738280**

1. Entity Name  
**BENT TREE PARCEL SIX CONDOMINIUM ASSOCIATION, INF.**



Principal Place of Business  
**% COURTESY PROPERTY  
13250 SW 135 AVE  
MIAMI, FL 33186 US**

Mailing Address  
**% COURTESY PROPERTY  
13250 SW 135 AVE  
MIAMI, FL 33186 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1819425**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
**SKRLD, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**201 ALHAMBRA Circle**

**Suite 1102**

City  
**CORAL GABLES**

FL

Zip Code  
**33134**

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]*

*Secretary*

*3/24/08*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
RICO, ZOBEIDA  
13947 SW 44 LANE CIR. #A  
MIAMI, FL 33175** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D.  
Carol McLeavey  
13974 SW 46 Terr. #C  
Miami, FL 33175** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RODRIGUEZ, DANIEL  
13923 SW 46 TERRACE, A  
MIAMI, FL 33175** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Jorge Alvarez  
13924 SW 46 Terr. #A  
Miami, FL 33175** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HERRERA, OMAR  
13908 SW 46 TERRACE #A  
MIAMI, FL 33175** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BAULLOSA, ANGEL  
4616 SW 139 COURT, A  
MIAMI, FL 33175** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
DELGADO, JESSY  
4616 SW 139 CT # 8  
MIAMI, FL 33175** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #