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FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744703 (0)

1. Corporation Name

BENT TREE NORTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13821 S.W. 46TH LANE  
MIAMI FL 3317513821 S.W. 46TH LANE  
MIAMI FL 33175-79033. Date Incorporated or Qualified  
10/24/19783a. Date of Last Report  
05/01/1996

4. FEI Number

59-2116971

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PADRON, JOE R CPA  
13358 SW 128TH ST  
SUITE 206  
MIAMI FL 33186

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME RITA, JOHN  
STREET ADDRESS 13821 SW 46 LANE  
CITY- ST- ZIP MIAMI FL1.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME RITA, MARIA  
STREET ADDRESS 13821 SW 46 LANE  
CITY- ST- ZIP MIAMI FL1.2 NAME ☐ Change ☐ AdditionTITLE D ☐ DELETENAME CABRERA, BOBBY  
STREET ADDRESS 1382 SW 46 LANE  
CITY- ST- ZIP MIAMI FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE VPD ☐ DELETENAME CABRERA, BOBBY  
STREET ADDRESS 1382 SW 46 LANE  
CITY- ST- ZIP MIAMI FL1.4 CITY- ST- ZIP ☐ Change ☐ AdditionTITLE S ☐ DELETENAME BARRETO, PAT  
STREET ADDRESS 13881 SW 46 LANE  
CITY- ST- ZIP MIAMI FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY- ST- ZIP2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN RITA - JOHN RITA - PD

1-7-97

221-3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032882

CR2E037 (9/96)