FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744703

1. Corporation Name
BENT TREE NORTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13821 S.W. 46TH LANE MIAMI FL 33175	13821 S.W. 46TH LANE MIAMI FL 33175

[redacted]

3/01/11 9463148 $61.25

2. Principal Place of Business	2a. Mailing Address	
21	26	3. Date Incorporated or Qualified: 10/24/1978
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 59-2116971 — Applied For / Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
24 Zip — 25 Country	29 Zip — 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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	☑ DELETE	1.1 TITLE	PD President D	☑ Change ☐ Addition
NAME	RITA, JOHN		1.2 NAME	Bobby Cabrera	
STREET ADDRESS	13821 SW 46 LANE		1.3 STREET ADDRESS	13802 S.W. 46 Lane	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	D	☑ DELETE	2.1 TITLE	T D	☑ Change ☐ Addition
NAME	RITA, MARIA		2.2 NAME	Georgeanna Figuera	
STREET ADDRESS	13821 SW 46 LANE		2.3 STREET ADDRESS	13801 S.W. 46 Lane	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	D	☑ DELETE	3.1 TITLE	S D	☑ Change ☐ Addition
NAME	CABRERA, BOBBY		3.2 NAME	Jackie Fernandez	
STREET ADDRESS	1382 SW 46 LANE		3.3 STREET ADDRESS	13842 S.W. 46 Lane	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	VPD	☐ DELETE	4.1 TITLE	Representative person	☑ Change ☐ Addition
NAME	CABRERA, BOBBY		4.2 NAME	Bobby Cabrera SAME ABOVE	
STREET ADDRESS	1382 SW 46 LANE		4.3 STREET ADDRESS	13802 S.W. 46 Lane	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	S	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARRETO, PAT		5.2 NAME		
STREET ADDRESS	13861 SW 46 LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jesus Cabrera 2/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)