2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748537

City-St-Zip:

BOYNTON BEACH, FL 33436

FILED Jan 13, 2009 Secretary of State

Entity Name: BENT TREE WATER MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9945-A PYRACANTHA TREE TERR. BOYNTON BEACH, FL 334363665 **Current Mailing Address: New Mailing Address:** P O BOX 244251 BOYNTON BEACH, FL 334244251 FEI Number: 59-2490271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **GELFAND & ARPE** C/O MICHAEL GELFAND 1555 PALM BEACH LAKES BLVD. SUITE 1220 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DOLSON, JERRY, FEDER, EMANUEL, Name: Name: 9950B PYRACANTHA TREE Address: 4580 ROSEWOOD TREE COURT Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436 Title: STD () Delete Title: () Change () Addition Name: PLOURDE, JIM Name: Address: 9945-A PYRACANTHA TREE TER Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: () Change () Addition GERALDINE, BILOTTO Name: Name: 9820-A PECAN TREE DR. Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VENESSA, BARLOW Name: 9990 PINEAPPLE TREE DR. Address: Address:

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.

City-St-Zip:

SIGNATURE: JIM PLOURDE STD 01/13/2009