


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90863 032 ****61.25

DOCUMENT # 756043 1. Entity Name BENT PINE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business VISTA PROPERTY MANAGEMENT 100 VISTA ROYALE BLVD VERO BEACH, FL 32962			Mailing Address VISTA PROPERTY MANAGEMENT 100 VISTA ROYALE BLVD VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2056919	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, GEORGE JR 756 BEACHLAND BLVD. VERO BEACH, FL 32964			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REID, JEANNE F		NAME		
STREET ADDRESS	132 PRESTWICK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCABE, ANN		NAME		
STREET ADDRESS	5849 MAGNOLIA LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREAS, ROSEMARY		NAME		
STREET ADDRESS	106 TRESTWICK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROVE, FRED		NAME		
STREET ADDRESS	5817 MAGNOLIA LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANN, GORDAN		NAME		
STREET ADDRESS	113 PRESTWICK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAHL, MICHAEL F		NAME		
STREET ADDRESS	135 PRESTWICK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
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: <i>F. Michael Wahl</i> F. MICHAEL X. WAHL 4-19-07 772-770-6330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

11. (addition)

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D

Lardani, Frank

5845 Magnolia Lane

Vero Beach FL 32967

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