


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90091 017 ****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
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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

02052008 Chg-NP CR2E037 (12/06)

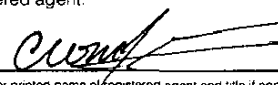
4. FEI Number
59-2056919

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
COLLINS, GEORGE JR 756 BEACHLAND BLVD. VERO BEACH, FL 32964	

7. Name and Address of New Registered Agent	
Name	CHARLES W. McKINNON, ESQ.
Street Address (P.O. Box Number is Not Acceptable)	
3055 CARDINAL DRIVE, SUITE 302	
City	VERO BEACH FL
Zip Code	32963

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  **CHARLES W. McKINNON** **4-11-08**

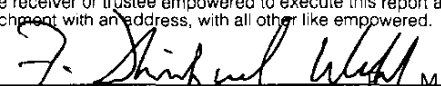
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	REID, JEANNE F
STREET ADDRESS	132 PRESTWICK CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D <input type="checkbox"/> Delete
NAME	MCCABE, ANN
STREET ADDRESS	5849 MAGNOLIA LANE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	SD <input type="checkbox"/> Delete
NAME	FREAG, ROSEMARY
STREET ADDRESS	106 PRESTWICK CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	VPD <input type="checkbox"/> Delete
NAME	GROVE, FRED
STREET ADDRESS	5847 MAGNOLIA LANE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	TD <input type="checkbox"/> Delete
NAME	MANN, GORDAN
STREET ADDRESS	113 PRESTWICK CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	P <input type="checkbox"/> Delete
NAME	WAHL, MICHAEL F
STREET ADDRESS	135 PRESTWICK CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32967

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY JANE CRAGUN
STREET ADDRESS	128 PRESTWICK CIRCLE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK LARDANI
STREET ADDRESS	5845 MAGNOLIA LANE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **MICHAEL WAHL** **4-16-08 772-567-6480**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #