

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756043

FILED
Apr 17, 2009
Secretary of State

Entity Name: BENT PINE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

VISTA PROPERTY MANAGEMENT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

VISTA PROPERTY MANAGEMENT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 59-2056919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, CHARLES W ESQ
3055 CARDINAL DRIVE, STE. 302
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: REID, JEANNE F
Address: 132 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: MCCABE, ANN
Address: 5849 MAGNOLIA LANE
City-St-Zip: VERO BEACH, FL 32967

Title: SD () Delete
Name: FREAS, ROSEMARY
Address: 106 TRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: VPD () Delete
Name: GROVE, FRED
Address: 5817 MAGNOLIA LANE
City-St-Zip: VERO BEACH, FL 32967

Title: TD () Delete
Name: MANN, GORDAN
Address: 113 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: P () Delete
Name: WAHL, MICHAEL F
Address: 135 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CRAGUN, MARY JANE
Address: 128 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: VPD (X) Change () Addition
Name: LARDANI, FRANK
Address: 5845D MAGNOLIA LANE
City-St-Zip: VERO BEACH, FL 32967

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JEANNE F REID

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date