

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 046 ****61.25

DOCUMENT # N94000002325					
1. Entity Name BENT TREE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US			Mailing Address ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US		
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 59-0324389	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 P NAME WEST, DEBRA M STREET ADDRESS 465 WOODVIEW CIR CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE PTD NAME WEST, DEBRA M. STREET ADDRESS 465 WOODVIEW CIRCLE CITY-ST-ZIP P.B. GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME PEEPLES, RUTH M STREET ADDRESS 184 BENT TREE DR CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE VD NAME PORTANOVA, PHYLLIS STREET ADDRESS 321 TIMBERWOOD CT. CITY-ST-ZIP P.B. GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HEASLIP, FRANCES J STREET ADDRESS 110 BENT TREE DR CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE SD NAME HEASLIP, FRANCES J. STREET ADDRESS 110 BENT TREE DR. CITY-ST-ZIP P.B. GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ZEILMAN, CARL L STREET ADDRESS 187 BENT TREE DR CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE D NAME LEWIS, LISA M. STREET ADDRESS 180 BENT TREE DR. CITY-ST-ZIP P.B. GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME QUILLEN, EDEN STREET ADDRESS 423 WOODVIEW CIRCLE CITY-ST-ZIP P.B. GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Phyllis Portanova</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					