

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90338 022 ****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**

40084153



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0684973

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461**

Name **Edward Dicker**

Street Address (P.O. Box Number is Not Acceptable)
1818 Australia Ave S, Suite 400

West Palm Beach 33409

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 **Edward Dicker**

3/31/08

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. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WEST, DEBRA M
465 WOODVIEW CIRCLE
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
QUILLEN, EDEN
423 WOODVIEW CIRCLE
PALM BEACH GARDENS, FL 33418** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PORTANOVA, PHYLLIS
321 TIMBERWOOD CT
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KYNE, PATRICIA
423 WOODVIEW CIRCLE
PALM BEACH GARDENS, FL 33418** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HEASLIP, FRANCES
110 BENT TREE DR
PALM BEACH GARDENS, FL 33418** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWIS, LISA M
120 BENT TREE DR
PALM BEACH GARDENS, FL 33418** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUILLEN, EDEN
423 WOODVIEW CIRCLE
PALM BEACH GARDENS, FL 33418** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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: **Phyllis Portanova**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08
Date

Daytime Phone #