2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# N94000002325

Entity Name: BENT TREE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

8259 N MILITARY TRAIL
SUITE 11
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Mailing Address:

8259 N MILITARY TRAIL
SUITE 11
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0684973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, EDWARD
1818 AUSTRALIAN AVE S SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

SEA BREEZE CMS, INC
8259 N MILITARY TRAIL
SUITE 11
PALM BEACH GARDENS, FL 33410 US

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: BEVERLEY JAMASON 03/01/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEWIS, LISA
Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP
Name: KYNE, BETH
Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T
Name: REIFLER, IRVING
Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S
Name: BROWN, MAUREEN
Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: RUBINS, JONATHAN T
Address: 8259 N MILITARY TRAIL, SUITE 11
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: LISA LEWIS PRES 03/01/2011
Electronic Signature of Signing Officer or Director Date