

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746631 (1)
1. Corporation Name
BENT TREE VILLAS WEST CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 4470 APPLE TREE CIRCLE BOYNTON BEACH FL 33436	Mailing Address 4470 APPLE TREE CIRCLE BOYNTON BEACH FL 33436
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/04/1979	4. FEI Number 59-2040408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MARCINEK, CONSTANCE 9850 A BISCHOFIA TREE WAY BOYNTON BEACH FL 33436	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Alphonse Mancuso, Treasurer DATE 3/12/98
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MARCINEK, CONSTANCE "D"
STREET ADDRESS	9850 A BISCHOFIA TREE WAY
CITY-ST-ZIP	BOYNTON BCH. FL 33436
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	STRATI, JOSEPH
STREET ADDRESS	5640 A ROSEWOOD TREE CT.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FRANCIS, DOROTHY
STREET ADDRESS	4650 B MAHOE TREE PLACE
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SHARKEY, PETER
STREET ADDRESS	4535 B APPLE TREE CIR.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeannette Dolph "D"
2.3 STREET ADDRESS	4665 A Lurel Tree Rd.
2.4 CITY-ST-ZIP	Boynton Beach, FL 33436
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frances Carmine "D"
3.3 STREET ADDRESS	4610 A Rosewood Tr. Ct.
3.4 CITY-ST-ZIP	Boynton Beach, FL 33436
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Alphonse Mancuso "D"
4.3 STREET ADDRESS	9845 A Clusia Tr Dr.
4.4 CITY-ST-ZIP	Boynton Beach, FL 33436
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alphonse Mancuso, Treasurer 3/12/98

CR2E037 (10/97)