

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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STATE TREASURER, FLORIDA

DOCUMENT # 746631

1. Corporation Name BENT TREE VILLAS WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4470 APPLE TREE CIRCLE BOYNTON BEACH FL 33436 Mailing Address 4470 APPLE TREE CIRCLE BOYNTON BEACH FL 33436

21	2. Principal Place of Business	22	2a. Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FBI Number
23	City & State	27	City & State		Applied For
24	Zip	28	Zip	5.	Certificate of Status Desired
25	Country	29	Country		\$8.75 Additional Fee Required
30		30		6.	Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARCINEK, CONSTANCE 9850 A BISCHOFIA TREE WAY BOYNTON BEACH FL 33436		Alphonse Mancuso 9845A Clusia Tr Boynton Beach, FL 33436	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 DATE 2/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MARCINEK, CONSTANCE	1.2 NAME	Alphonse Mancuso, President
STREET ADDRESS	9850 A BISCHOFIA TREE WAY	1.3 STREET ADDRESS	9845A Clusia Tr
CITY-ST-ZIP	BOYNTON BCH. FL 33436	1.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	VPD	2.1 TITLE	D
NAME	DOLPH, JEANETTE	2.2 NAME	Michael Forte, Vice-President
STREET ADDRESS	4665 A LUREL TREE RD.	2.3 STREET ADDRESS	9845B Bischofia Tr
CITY-ST-ZIP	BOYNTON BEACH FL 33436	2.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	SD	3.1 TITLE	D
NAME	CARMINE, FRANCES	3.2 NAME	Louis Stone, Sec'y.
STREET ADDRESS	4610 A ROSEWOOD TR. CT.	3.3 STREET ADDRESS	4485B Pandanus Tr
CITY-ST-ZIP	BOYNTON BEACH FL 33436	3.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	President	4.1 TITLE	D
NAME	MANCUSO, ALPHONSE	4.2 NAME	Peter Sharkey, Treas.
STREET ADDRESS	9845 A CLUSIA TR. DR.	4.3 STREET ADDRESS	4535B Apple Tr.
CITY-ST-ZIP	BOYNTON BEACH FL 33436	4.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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, with all other like empowered.

SIGNATURE: Alphonse Mancuso January 27, 1999 (661) 736-0455

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