

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90071 028 ****61.25

DOCUMENT # 746631

1. Entity Name

**BENT TREE VILLAS WEST CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**4470 APPLE TREE CIRCLE
BOYNTON BEACH FL 33438**

**4470 APPLE TREE CIRCLE
BOYNTON BEACH FL 33438**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2040408

Applied For

Not Applicable

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

**STRATI, JANET
4680 A ROSEWOOD TREE LANE
BOYNTON BEACH FL 33438**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. EXISTING OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **FORTE, MICHAEL**
STREET ADDRESS **9845B BISCHOFIA TREE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **BD** Change Addition
NAME **Spano, John**
STREET ADDRESS **4680B Rosewood Tree Court**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE **VPD** Delete
NAME **MARCHESANI, ROCCO**
STREET ADDRESS **8970 A CHERRY TREE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VPD** Change Addition
NAME **Elaine Gronert**
STREET ADDRESS **4620A Mahoe Tree Place**
CITY-ST-ZIP **Boynton Beach FL 33436**

TITLE **SD** Delete
NAME **GRONERT, ELAINE**
STREET ADDRESS **4620 A MAHOE TREE LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **SD** Change Addition
NAME **Michael R. Caporale, Jr.**
STREET ADDRESS **4485B Nutmeg Tree Lane**
CITY-ST-ZIP **Boynton Beach FL 33436**

TITLE **TD** Delete
NAME **STRATI, JANET**
STREET ADDRESS **4680 A ROSEWOOD TREE LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

John Spano 04/26/02 561-736-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)