

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746632 (9)
1. Corporation Name
BENT TREE VILLAS EAST CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business
**4205 PEAR TREE CRCL
BOYNTON BEACH FL 33436**

Mailing Address
**4205 PEAR TREE CRCL
BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified
04/04/1979

3a. Date of Last Report
04/24/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2152176		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

9. Name and Address of Current Registered Agent

**CORRIS, STANLEY B.
4395A MANGO TREE COURT
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81. Name Goetz, Louise	85. Zip Code 33436
82. Street Address (P.O. Box Number is Not Acceptable) 4260-B Pear Tree Circle	
83. City Boynton Beach, FL	

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: *Louise Goetz* **Louise Goetz, Inc.** **2-5-96**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORRIS, STANLEY B.		1.2 NAME Corris, Stanley B.	
STREET ADDRESS 4295A MANGO TREE CT.		1.3 STREET ADDRESS 4295-A Mango Tree Court	
CITY-ST-ZIP BOYNTON BEACH FL 33436		1.4 CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROPPER, JACK		2.2 NAME Propper, Jack	
STREET ADDRESS 9860-A LOQUAT TREE RUN		2.3 STREET ADDRESS 9860-A Loquat Tree Run	
CITY-ST-ZIP BOYNTON BEACH FL 33436		2.4 CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FLOOD, JACK		3.2 NAME Thompson, Richard	
STREET ADDRESS 4395-A CEDAR TREE PL.		3.3 STREET ADDRESS 4175-B Pear Tree Circle	
CITY-ST-ZIP BOYNTON BEACH FL 33436		3.4 CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARL, LORRAINE		4.2 NAME SAME	
STREET ADDRESS 9775-B PECAN TREE DR.		4.3 STREET ADDRESS SAME	
CITY-ST-ZIP BOYNTON BEACH FL 33436		4.4 CITY-ST-ZIP SAME	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOETZ, LOUISE		5.2 NAME Goetz, Louise	
STREET ADDRESS 4260 B PEAR TREE CIRCLE		5.3 STREET ADDRESS 4260-B Pear Tree Circle	
CITY-ST-ZIP BOYNTON BEACH FL 33436		5.4 CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TYLL, ELEANORE		6.2 NAME Tyll, Eleanore	
STREET ADDRESS 4400-B CEDAR TREE PL.		6.3 STREET ADDRESS 4400-B Cedar Tree Pl.	
CITY-ST-ZIP BOYNTON BEACH FL 33436		6.4 CITY-ST-ZIP Boynton Beach, FL 33436	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lorraine E. Carl* **Lorraine E. Carl** **Feb 5, 1996** **407-137-1287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)