

FILE NOW: FILING FEE IS \$61.25

FILED  
May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746632 (9)**  
1. Corporation Name  
**BENT TREE VILLAS EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4205 PEAR TREE CRCL. BOYNTON BEACH FL 33436</b>	Mailing Address <b>4205 PEAR TREE CRCL. BOYNTON BEACH FL 33436-3744</b>
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3. Date Incorporated or Qualified <b>04/04/1979</b>	3a. Date of Last Report <b>02/14/1996</b>
4. FEI Number <b>59-2152176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**GOETZ, LOUISE  
4260-B PEAR TREE CIRCLE  
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent  
**81 Name RICHARD THOMPSON  
82 Street Address (P.O. Box Number is Not Acceptable) 4175 B PEAR TREE CIRCLE  
83 ~~BO~~  
84 City BOYNTON BEACH FL 85 Zip Code 33436**

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: *Richard Thompson* President DATE: **4-21-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CORRIS, STANLEY B.</b>	
STREET ADDRESS <b>4295A MANGO TREE CT.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>PROPPER, JACK</b>	
STREET ADDRESS <b>9880-A LOQUAT TREE RUN</b>	<b>TRES.</b>
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>THOMPSON, RICHARD</b>	
STREET ADDRESS <b>4175-B PEAR TREE CIRCLE</b>	<b>PRESIDENT</b>
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CARL, LORRAINE</b>	
STREET ADDRESS <b>9775-B PECAN TREE DR.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GOETZ, LOUISE</b>	
STREET ADDRESS <b>4260 B PEAR TREE CIRCLE</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TYLL, ELEANORE</b>	
STREET ADDRESS <b>4400-B CEDAR TREE PL.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>	

13. VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PETER CONSOL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>4355A PEAR TREE CIRCLE V.P.</b>	
1.3 STREET ADDRESS <b>B.B. FL 33436</b>	
1.4 CITY-ST-ZIP <b>B.B. FL 33436</b>	
2.1 TITLE <b>EDWARD CAPORALE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>9890 B PAPAYA TREE TRAIL</b>	
2.3 STREET ADDRESS <b>B.B. FL 33436</b>	<b>DIRECTOR</b>
2.4 CITY-ST-ZIP <b>B.B. FL 33436</b>	
3.1 TITLE <b>SUSAN TORKOMIAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>4220 A MANGO TREE COURT</b>	
3.3 STREET ADDRESS <b>B.B. FL 33436</b>	<b>DIRECTOR</b>
3.4 CITY-ST-ZIP <b>B.B. FL 33436</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do 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: *ELEANORE TYLL* DATE: **3-11-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0042438**

CR2E037 (9/96)