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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 746632

1. Corporation Name

BENT TREE VILLAS EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4205 PEAR TREE CRCL.
 BOYNTON BEACH FL 33436

Mailing Address

4205 PEAR TREE CRCL.
 BOYNTON BEACH FL 33436



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/04/1979

4. FEI Number

59-2152176

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CORRIS, STANLEY
 4295-A MANGO TREE COURT
 BOYNTON BEACH FL 33436

JUDITH C. BAIER
 9800 B PECAN TREE DR
 BOYNTON BEACH
 FL 33436

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CORRIS, STANLEY	
STREET ADDRESS	4295-A MANGO TREE CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROPPER, JACK	
STREET ADDRESS	9860-A LOQUAT TREE RUN	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVANO, ANN	
STREET ADDRESS	4365-B EUCALYPTUS TREE CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VITALE, BEN	
STREET ADDRESS	9880 A PECAN TREE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TORKOMIAN, SUSAN	
STREET ADDRESS	4220 A MANGO TREE COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JUDITH C. BAIER	
1.3 STREET ADDRESS	9800 B PECAN TREE DRIVE	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD D'AMURA	
2.3 STREET ADDRESS	4400 CEDAR TRAP PLACE	
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD MUELLER	
3.3 STREET ADDRESS	9800 B PECAN TREE PLACE	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NATHAN MESSNER	
4.3 STREET ADDRESS	4860 A PARKINSONIA TRAP WAY	
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, with all other like empowered.

SIGNATURE: *John Propper* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 561-737-1287 Date Daytime Phone #

CR2E037 (1/98)