

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746632

1. Entity Name

BENT TREE VILLAS EAST CONDOMINIUM ASSOCIATION, I

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90029 030 ****61.25

Principal Place of Business

Mailing Address

4205 PEAR TREE CRCL.
BOYNTON BEACH FL 33436

4205 PEAR TREE CRCL.
BOYNTON BEACH FL 33436-3744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2152176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAIER, JUDITH
9800 B PECAN TREE DR
BOYNTON BEACH FL 33436

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAIER, JUDITH	
STREET ADDRESS	9800 B PECAN TREE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	D' AMURA,	
STREET ADDRESS	4400 B PECAN TREE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, RICHARD	
STREET ADDRESS	9800 B PECAN TREE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MESSNER, NATHAN	
STREET ADDRESS	4860 A PARKINSONIA TREE WAY	
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		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard D Amura	
STREET ADDRESS	4400 B Cedar Tree Pl.	
CITY-ST-ZIP	Boynton Beach Fla 33436	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Ryan	
STREET ADDRESS	4365 B Eucalyptus Street	
CITY-ST-ZIP	Boynton Beach, Fla 33436	
TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Propper	
STREET ADDRESS	9860 A Logans Tree Run	
CITY-ST-ZIP	Boynton Beach, Fla 33436	
TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Torkomian	
STREET ADDRESS	4220 A Mango Tree Ct	
CITY-ST-ZIP	Boynton Beach, Fla 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stark Corrie	
STREET ADDRESS	4295 A Mango Tree Ct	
CITY-ST-ZIP	Boynton Beach Fla	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Lyngard	
STREET ADDRESS	4830 A Walnut Tree Way	
CITY-ST-ZIP	Boynton Beach Fla 33436	

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:

Susan Torkomian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

561-737-1287

Daytime Phone #

CR2E037 (9/99)