


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90065 018 \*\*\*\*61.25

<b>DOCUMENT # 746632</b> 1. Entity Name <b>BENT TREE VILLAS EAST CONDOMINIUM ASSOCIATION, INC.</b>	
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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</b>
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44060100



2. Principal Place of Business <b>2328 S. CONGRESS AVENUE</b>	3. Mailing Address <b>2328 S. CONGRESS AVENUE</b>
Suite, Apt. #, etc. <b>SUITE 2A</b>	Suite, Apt. #, etc. <b>SUITE 2A</b>

02232004 Chg-NP CR2E037 (10/03)

City & State <b>WEST PALM BEACH, FL</b>	City & State <b>WEST PALM BEACH, FL</b>
Zip <b>33406</b>	Country <b>USA</b>

4. FEI Number <b>59-2152176</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. 500 AUSTRALIAN AVE S 9TH FLOOR WEST PALM BEACH, FL 33401-5014</b>	7. Name and Address of New Registered Agent Name <b>GELFAND AND ARPE, PA</b> <i>u/d</i> <b>MICHAEL J. GELFAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 PALM BEACH LAKES BLVD., SUITE 1220</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33401</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **03/18/04**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME D'AMURA, RICHARD STREET ADDRESS 4400-B CEDAR TREE DR CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE TD NAME CHRISHOLM, KEITH STREET ADDRESS 2328 S. CONGRESS AVE., SUITE 2A CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BENSON, NORMAN STREET ADDRESS 9800-A PECAN TREE DR CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE PD NAME BENSON, NORMAN STREET ADDRESS 2328 S. CONGRESS AVE., SUITE 2A CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME RIVANO, ANN STREET ADDRESS 4365-B EUCALYPTUS TREE CT CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE VPD NAME RIVANO, ANNA STREET ADDRESS 2328 S. CONGRESS AVE., SUITE 2A CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME TORKOMIAN, SUSAN STREET ADDRESS 4220-A MANGO TREE COURT CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE SD NAME TORKOMIAN, SUSAN STREET ADDRESS 2328 S. CONGRESS AVE., SUITE 2A CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CAMERON, PETER STREET ADDRESS 9855 A PECAN TREE DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE D NAME DEL GAIS, FRED STREET ADDRESS 2328 S. CONGRESS AVE., SUITE 2A CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HARTMAN, J. PATRICK STREET ADDRESS 9840-A LOQUAT TREE RUN CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE D NAME MESSNER, NATHAN STREET ADDRESS 2328 S. CONGRESS AVE., SUITE 2A CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Aren Rivano, V.P.* Date *3-18-04* Daytime Phone # *439-1433*