

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0038488

DOCUMENT # N24453

1. Entity Name

BENT CREEK PROPERTY OWNERS' ASSOCIATION, INC.

04-01-2002 90613 043 *****70.00

Principal Place of Business

Mailing Address

LANG MANAGEMENT CO., INC.
 21045 COMMERCIAL TRIAL
 BOCA RATON FL 33486

LANG MANAGEMENT CO., INC.
 21045 COMMERCIAL TRIAL
 BOCA RATON FL 33486

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0086012

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

WILLIAM K. ISAACSON ,
21045 COMMERCIAL TRIAL
BOCA RATON FL 33486

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 NAME	TD FURMAN, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	2310 NW 53 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	VP HERTZ, ARLENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5340 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	PD DINNERSTEIN, ALLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2275 NW 52 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	SD JACKLER, DORIS	<input type="checkbox"/> Delete
STREET ADDRESS	2370 NW 53RD STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	D GOLDSTEIN, JAY IRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5350 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD DIANA LeHRBURGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6395 NW 24 AVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE NAME	PD DR. JAMES GARNHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2480 NW 53 ST.	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE NAME	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D HAROLD Powers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5300 NW 23 WAY	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/11/02** Daytime Phone #: **(561) 994-0838**

CR2E037 (9/01)