

# 2000 UNIFORM BUSINESS REPORT (UBR)

0019010

DOCUMENT # N94000002325

1. Entity Name

BENT TREE PROPERTY OWNERS ASSOCIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 PM 2:21

Principal Place of Business

Mailing Address

1416 CONCORD ST E.  
ORLANDO FL 32803  
US

P O BOX 531010  
ORLANDO FL 32853-1010  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

308 Timberwood Crt.

3. Mailing Address

500 Australian Ave. 5th.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

City & State

Palm Bch. Gardens FL

City & State

West Palm Bch. FL

Zip

Country

33418

US

Zip

Country

33401

US

4. FEI Number

59-0324389

Applied For

Not Applicable

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

THE MELROSE MANAGEMENT GROUP  
1416 CONCORD ST E.  
ORLANDO FL 32803

St. John Dicker Caplan, Krivack + Core P.A.  
Attn: Scott Stoldt  
500 Australian Ave. 5th., St. 600  
West Palm Beach FL 33401

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

10-6-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

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\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, THOMAS P	
STREET ADDRESS	4 HARVARD CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, KATHERINE	
STREET ADDRESS	4 HARVARD CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAWTHON, FRANK	
STREET ADDRESS	4 HARVARD CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME	700003423517--9	
STREET ADDRESS	-10/12/00--01087--017	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Dias	
STREET ADDRESS	308 Timberwood Crt	
CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. William Schmidt	
STREET ADDRESS	471 Woodview Cir.	
CITY-ST-ZIP	Palm Bch. Gardens FL 33418	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Jonathan Schwartz	
STREET ADDRESS	194 Bent Tree Dr.	
CITY-ST-ZIP	Palm Bch. Gardens FL 33418	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Losi	
STREET ADDRESS	136 Bent Tree Dr.	
CITY-ST-ZIP	Palm Bch. Gardens FL 33418	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Rodriguez-Cortes	
STREET ADDRESS	197 Bent Tree Dr.	
CITY-ST-ZIP	Palm Bch. Gardens FL 33418	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Shallaway	
STREET ADDRESS	444 Woodview Cir.	
CITY-ST-ZIP	Palm Bch. Gardens FL 33418	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: *RONALD DIAS, Pres.* Date: 9/22/00 Daytime Phone #: 561-694-1835

CR2E037 (9/99)