

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002325

1. Entity Name

BENT TREE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jun 26, 2002 8:00 am**  
**Secretary of State**

06-26-2002 90072 049 \*\*\*\*61.25

Principal Place of Business

308 TIMBERWOOD CRT  
PALM BCH GARDENS FL 33418  
US

Mailing Address

500 AUSTRALIAN AVE SOUTH  
SUITE 600  
WEST PALM BEACH FL 33401  
US

2. Principal Place of Business

1930 Commerce Lane  
Suite, Apt. #, etc.  
Suite 1

City & State

Jupiter FL

Zip  
33458

Country

Palm Beach

3. Mailing Address

1818 Australian Ave South  
Suite, Apt. #, etc.  
600

City & State

West Palm Beach, FL

Zip  
33409

Country

Palm Beach

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

S  
A Bristol Management Services, Inc.  
51930 Commerce Lane, Suite #1  
W Jupiter, FL 33458

7. Name and Address of New Registered Agent

Name  
Dicker, Krivok & Stoloff, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1818 Australian Ave. South  
Suite 400  
City  
West Palm Beach, FL Zip Code  
33409

8. Signature of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Scott A. Stoloff, Attorney

4-21-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAS, RON 308 TIMBERWOOD CRT PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIDT, J. WILLIAM 471 WOODVIEW CIR PALM BCH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, JONATHAN DR 194 BENT TREE DR PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GERANMAYEH, SAYED 112 BENT TREE RIVE PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD HAYTER, STUART 104 BENT TREE DRIVE PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALLAWAY, JEFFREY 444 WOODVIEW CIR PALM BCH GARDNES FL 33418	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DP Mark Cressman 446 Woodview Circle Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ian Berkner 463 Woodview Circle Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Sean Walker 423 Woodview Circle Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frances Heaslip 110 Bent Tree Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 686-5005

CR2E037 (9/01)