

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746631 (1)

1. Corporation Name

BENT TREE VILLAS WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4470 APPLE TREE CIRCLE  
BOYNTON BEACH FL 33436

4470 APPLE TREE CIRCLE  
BOYNTON BEACH FL 33436



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTE, MICHAEL J.  
9845 B BISCHOFIA TREE WAY  
BOYNTON BEACH FL 33436

81 Name

Constance Marcinek

82 Street Address (P.O. Box Number is Not Acceptable)

9850 A Bischofia Tree Way

83

84 City

Boynton Beach, FL 33436

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Constance Marcinek*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                        |                                            |
|-----------------|------------------------|--------------------------------------------|
| TITLE           | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | FORTE, MICHAEL         |                                            |
| STREET ADDRESS  | 4470 APPLE TREE CIRCLE |                                            |
| CITY - ST - ZIP | BOYNTON BCH. FL        |                                            |
| TITLE           | STD                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | MADDEN, DOROTHEA       |                                            |
| STREET ADDRESS  | 4770 APPLE TREE CIRCLE |                                            |
| CITY - ST - ZIP | BOYNTON BEACH FL       |                                            |
| TITLE           | VPD                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | WIEST, RICHARD B.      |                                            |
| STREET ADDRESS  | 4470 APPLE TREE CIR.   |                                            |
| CITY - ST - ZIP | BOYNTON BEACH FL       |                                            |
| TITLE           | VP                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | ORTLIEB, JOSEPH        |                                            |
| STREET ADDRESS  | 4470 APPLE TREE CIRCLE |                                            |
| CITY - ST - ZIP | BOYNTON BEACH FL       |                                            |
| TITLE           | T                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | GREENBERG, LEONARD     |                                            |
| STREET ADDRESS  | 4470 APPLE TREE CIRCLE |                                            |
| CITY - ST - ZIP | BOYNTON BEACH FL       |                                            |
| TITLE           |                        | <input type="checkbox"/> DELETE            |
| NAME            |                        |                                            |
| STREET ADDRESS  |                        |                                            |
| CITY - ST - ZIP |                        |                                            |

|                    |                                                                                               |
|--------------------|-----------------------------------------------------------------------------------------------|
| 11 TITLE           | President / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 12 NAME            | Constance Marcinek                                                                            |
| 13 STREET ADDRESS  | 9850 A Bischofia Tree Way                                                                     |
| 14 CITY - ST - ZIP | Boynton Beach, FL 33436                                                                       |
| 21 TITLE           | Vice President / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | William Cafaro                                                                                |
| 23 STREET ADDRESS  | 4505 B Pandanus Tree Rd.                                                                      |
| 24 CITY - ST - ZIP | Boynton Beach, FL 33436                                                                       |
| 31 TITLE           | Secretary / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 32 NAME            | Dorothy Francis                                                                               |
| 33 STREET ADDRESS  | 4650 B Mahoe Tree Pl                                                                          |
| 34 CITY - ST - ZIP | Boynton Beach, FL 33436                                                                       |
| 41 TITLE           | Treasurer / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 42 NAME            | Toni A. Gallo                                                                                 |
| 43 STREET ADDRESS  | 9825 B Bischofia Tree Way                                                                     |
| 44 CITY - ST - ZIP | Boynton Beach, FL 33436                                                                       |
| 51 TITLE           |                                                                                               |
| 52 NAME            |                                                                                               |
| 53 STREET ADDRESS  |                                                                                               |
| 54 CITY - ST - ZIP |                                                                                               |
| 61 TITLE           |                                                                                               |
| 62 NAME            |                                                                                               |
| 63 STREET ADDRESS  |                                                                                               |
| 64 CITY - ST - ZIP |                                                                                               |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Constance Marcinek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26 1996

Date

407-736-0455  
Daytime Phone #