2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 746631 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** BENT TREE VILLAS WEST CONDOMINIUM ASSOCIATION, J 03-14-2000 90070 046 ****61.25 Principal Place of Business Mailing Address 4470 APPLE TREE CIRCLE 4470 APPLE TREE CIRCLE BOYNTON BEACH FL 33436-3642 **BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2040408 Not Applicable Country \$8.75 Additional Zip 5._Certificate of Status Desired. — 🗔 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MANCUSO, ALPHONSE 9845A CLUSIA XB BOYNTON BEACH FL 33436 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Re tered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition ☐ Delete TITLE DTITLE MANCUSO, ALPHONSEX NAME EMIL POLITO NAME STREET ADDRESS STREET ADDRESS 4480-B-NUTMEG TREE LANE SEMSKAK CALXUSIA XIBK CITY-\$T-ZIP BOYNTON BEACH, FLCITY-ST-ZIP BOYNTON/BCHXPLX3438 VPD ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME FORTE, MICHAEL STREET ADDRESS STREET ADDRESS 9845-B BISCHOFIA TR. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Change Addition ☐ Delete TITLE TITLE SDX SDNAME NĀMF STONE LOUIS GRONERT, ELAINE STREET ADDRESS 4620-A MAHOE TREE BOYNTON BEACH, FL STREET ADDRESS #485/BX PANDANUS XPX CITY-ST-ZIP CITY-ST-ZIP <u>royaikonxbeachkijlx33436</u>x TD STRATI, JANET 4680-A ROSEWOOD TREE LANE EEACH, FL 33436 ☐ Change Addition TITLE TITLE Delete NAME NAME SHAPIKEY XPEKEKX STREET ADDRESS STREET ADDRESS ASSESSED APPREXTRX X CITY-ST-ZIP CITY-ST-ZIP BOYATKONKBEACHKELXXX436K X ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12... 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

Daytime Phone #