

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90036 022 ****61.25

DOCUMENT # 746631

1. Entity Name

**BENT TREE VILLAS WEST CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**4470 APPLE TREE CIRCLE
BOYNTON BEACH FL 33436-3642**

Mailing Address

**4470 APPLE TREE CIRCLE
BOYNTON BEACH FL 33436-3642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2040408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRATI, JANET
4680 A ROSEWOOD TREE LANE
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name
CAPORALE, MICHAEL

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

4485 NUTMEG TREE LANE APT B

City

BOYNTON BEACH

FL

Zip Code

33436

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael R Caporale Jr

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

(NOTE: Registered Agent signature required when reissuing)

1/27/2006

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	STRATI, JANET	
STREET ADDRESS	4680 A ROSEWOOD TREE COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	VPD	☐ Delete
NAME	CAPORALE, MICHAEL R JR	
STREET ADDRESS	4485 NUTMEG TREE LANE APT. B	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	D	☐ Delete
NAME	SCHWARTZBERG, PENELOPE	
STREET ADDRESS	4620 A APPLE TREE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	TD	☐ Delete
NAME	SPOONER, FRANCIS	
STREET ADDRESS	4595 A WILDWOOD TREE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	D	☐ Delete
NAME	MARANO, TOM	
STREET ADDRESS	4670 A ROSEWOOD TREE CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	D	☐ Delete
NAME	LANGER, SEYMOUR	
STREET ADDRESS	4645 A LAUREL TREE ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Caporale, Michael R. Jr.	
STREET ADDRESS	4485 Nutmeg Tree Lane Apt B	
CITY-ST-ZIP	Boynton Beach, FL 33436	

TITLE	VPD	☐ Change ☒ Addition
NAME	Trentacosta, Joseph	
STREET ADDRESS	4555 Apple Tree Circle Apt B	
CITY-ST-ZIP	Boynton Beach, FL 33436	

TITLE	TD	☐ Change ☐ Addition
NAME	Donald Newhall	
STREET ADDRESS	4685 Laurel Tree Road Apt A	
CITY-ST-ZIP	Boynton Beach, FL 33436	

TITLE	SD	☐ Change ☒ Addition
NAME	Pohevitz, Patricia	
STREET ADDRESS	4655 Wildwood Tree Lane Apt B	
CITY-ST-ZIP	Boynton Beach, FL 33436	

TITLE	D	☐ Change ☐ Addition
NAME	Marano, Thomas	
STREET ADDRESS	4670 Rosewood Tree Court Apt A	
CITY-ST-ZIP	Boynton Beach, FL 33436	

TITLE	D	☐ Change ☐ Addition
NAME	Langer, Seymour	
STREET ADDRESS	4645 Laurel Tree Road Apt A	
CITY-ST-ZIP	Boynton Beach, FL 33436	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Michael R Caporale Jr

MICHAEL R. CAPORALE JR

1/27/06 561-736-D455