

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90089 024 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                     |                                                                                  |                                                                                                                                         |                                                                              |
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| <b>DOCUMENT # 746631</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                     |                                                                                  |                                                        |                                                                              |
| 1. Entity Name<br><b>BENT TREE VILLAS WEST CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                     |                                                                                  |                                                                                                                                         |                                                                              |
| Principal Place of Business<br><b>4470 APPLE TREE CIRCLE<br/>BOYNTON BEACH FL 33436-3642</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                     | Mailing Address<br><b>4470 APPLE TREE CIRCLE<br/>BOYNTON BEACH FL 33436-3642</b> |                                                                                                                                         |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                     | 3. Mailing Address                                                               |                                                                                                                                         |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                                                                                     | Suite, Apt. #, etc.                                                              |                                                                                                                                         |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                     | City & State                                                                     |                                                                                                                                         |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                  | Zip                                                                                 | Country                                                                          | 4. FEI Number<br><b>59-2040408</b>                                                                                                      |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                     |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                     |                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>CAPOREALE, MICHAEL<br/>4485 NUTMEG TREE LANE APT B<br/>BOYNTON BEACH FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                     |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                              |
| 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 <i>Donald B. Newhall Jr</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | Signature typed or printed name of registered agent and fee is applicable           |                                                                                  | DATE <i>1-26-07</i>                                                                                                                     |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                  | <b>\$5.00 May Be Added to Fees</b>                                                                                                      |                                                                              |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                     |                                                                                  |                                                                                                                                         |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |                                                                                                                                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>STRATI, JANET<br>4680 A ROSEWOOD TREE COURT<br>BOYNTON BEACH FL 33436              | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                 | PD<br>Caporale, Michael R Jr<br>4485 Nutmeg Tree Lane #B<br>Boynton Beach FL 33436                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VPD<br>CAPOREALE, MICHAEL R JR<br>4485 NUTMEG TREE LANE APT. B<br>BOYNTON BEACH FL 33436 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                 | VPD<br>Joseph Trentacosta<br>4555B Apple Tree Circle #B<br>Boynton Beach FL 33436                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>SCHWARTZBERG, PENELOPE<br>4620 A APPLE TREE LANE<br>BOYNTON BEACH FL 33436          | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                 | TD<br>Donald Newhall<br>4685 Laurel Tree Road #A<br>Boynton Beach FL 33436                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD<br>SPOONER, FRANCIS<br>4595 A WILDWOOD TREE LANE<br>BOYNTON BEACH FL 33436            | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                 | SD<br>Patricia Pohevit<br>4655B Wildwood Tree Lane #B<br>Boynton Beach, FL 33436                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>MARANO, TOM<br>4670 A ROSEWOOD TREE CT<br>BOYNTON BEACH FL 33436                    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                 | P<br>John Francis<br>4650 Mahoe Tree Place #B<br>Boynton Beach FL 33436                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>LANGER, SEYMOUR<br>4645 A LAUREL TREE ROAD<br>BOYNTON BEACH FL 33436                | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                 | P<br>Joseph Petzko<br>4480 Pandanus Tree Road #B<br>Boynton Beach, FL 33436                                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Michael R Caporale Jr</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | Date: <i>02-19-07</i>                                                               |                                                                                  | Daytime Phone #: <i>561-736-0455</i>                                                                                                    |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                                                     |                                                                                  |                                                                                                                                         |                                                                              |