

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:12

DOCUMENT # 746671 (7)
1. Corporation Name
BENT TREE GARDENS WEST CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9990 PINEAPPLE TREE DR BOYTON BCH FL 33436
9990 PINEAPPLE TREE DR BOYTON BCH FL 33436

3. Date Incorporated or Qualified 04/09/1979
3a. Date of Last Report 07/21/1994
4. FEI Number 59-2152177 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SEYMOUR LEVY
9990 PINEAPPLE TREE DR
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ARTHUR ZACCZRIA
STREET ADDRESS 9990 PINEAPPLE TREE DR
CITY-ST-ZIP BOYNTON BCH, FL 00000 33436
TITLE VD
NAME MILDRED TANTIMONACO
STREET ADDRESS 9990 PINEAPPLE TREE DR
CITY-ST-ZIP BOYNTON BCH, FL 00000 33436
TITLE T
NAME SEYMOUR LEVY Leonard Heller
STREET ADDRESS 9990 PINEAPPLE TREE DR 9990 Pin.Tr. Dr.
CITY-ST-ZIP BOYNTON BCH, FL 00000 33436 Boynton
TITLE S
NAME AUDREY KING John Kirby
STREET ADDRESS 9990 PINEAPPLE TREE DR 9990 Pin.Tr. Dr.
CITY-ST-ZIP BOYNTON BEACH FL 33436 Boynton Beh
TITLE D
NAME LIONEL GNANASEELAN
STREET ADDRESS 9990 PINEAPPLE TREE DR.
CITY-ST-ZIP BOYNTON BCH, FL 33436
TITLE D
NAME Nelson Espada
STREET ADDRESS 9990 Pineapple Tree Dr.
CITY-ST-ZIP Boynton BCH FL 33436

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
NAME D
1.2 NAME Anna salvemini
1.3 STREET ADDRESS 9990 Pineapple Tree Dr.
1.4 CITY-ST-ZIP Boynton Bch, Fl. 33436
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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: Arthur Zaccaria 1-07-95 407-736-6005
Date (Month/Year) Initial (Phone #)