

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

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



|  |   |
|--|---|
| Principal Place of Business<br>9990 PINEAPPLE TREE DR<br>BOYTON BCH FL 33436 | Mailing Address<br>9990 PINEAPPLE TREE DR<br>BOYTON BCH FL 33436-3571 |
|--|---|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/09/1979 | 3a. Date of Last Report<br>04/10/1996 |
|---|---------------------------------------|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 |
|--|---|

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-2152177  | Applied For<br>Not Applicable  |
| 6. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent  
**LEONARD HELLER  
9930-2 PINEAPPLE TREE DR.  
BOYNTON BCH FL 33436**

10. Name and Address of New Registered Agent  
81 Name **DONALD G. POIRIER**  
82 Street Address (P.O. Box Number, is Not Acceptable)  
**9990 PINEAPPLE TREE DR.**  
83  
84 City **BOYNTON BEACH** FL 85 Zip Code **33436**

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 617.0502, Florida Statutes.  
SIGNATURE: **DONALD G. POIRIER** *Donald G. Poirier* 1-15-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | ARTHUR ZACCZRIA             |  |
| STREET ADDRESS | 9990 PINEAPPLE TREE DR      |  |
| CITY-ST-ZIP    | BOYNTON BCH, FL 00000 33436 |  |
| TITLE          | VD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | MILDRED TANTIMONACO         |  |
| STREET ADDRESS | 9990 PINEAPPLE TREE DR      |  |
| CITY-ST-ZIP    | BOYNTON BCH, FL 00000 33436 |  |
| TITLE          | T                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | HELLER, LEONARD             |  |
| STREET ADDRESS | 9990 PINEAPPLE TREE DR      |  |
| CITY-ST-ZIP    | BOYNTON BCH FL              |  |
| TITLE          | S                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | KIRBY, JOHN                 |  |
| STREET ADDRESS | 9990 PINEAPPLE TREE DR      |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL            |  |
| TITLE          | D                           | <input type="checkbox"/> DELETE            |
| NAME           | LIONEL GNANASEELAN          |  |
| STREET ADDRESS | 9990 PINEAPPLE TREE DR.     |  |
| CITY-ST-ZIP    | BOYNTON BCH. FL 33436       |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | LOUISE RULLI                |  |
| STREET ADDRESS | 9960-4 PINEAPPLE TREE DR.   |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | PD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | AUDREY KING                 |  |
| 1.3 STREET ADDRESS | 9990 PINEAPPLE TREE DR.     |  |
| 1.4 CITY-ST-ZIP    | BOYNTON BCH, FL 00000 33436 |  |
| 2.1 TITLE          | VD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | PAUL GIONFRIDDO             |  |
| 2.3 STREET ADDRESS | 9990 PINEAPPLE TREE DR.     |  |
| 2.4 CITY-ST-ZIP    | BOYNTON BCH, FL 00000 33436 |  |
| 3.1 TITLE          | T                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | DONALD G. POIRIER           |  |
| 3.3 STREET ADDRESS | 9990 PINEAPPLE TREE DR.     |  |
| 3.4 CITY-ST-ZIP    | BOYNTON BCH FL 00000 33436  |  |
| 4.1 TITLE          | S                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | LARRAINER. KELLY            |  |
| 4.3 STREET ADDRESS | 9990 PINEAPPLE TREE DR.     |  |
| 4.4 CITY-ST-ZIP    | BOYNTON BCH FL 00000 33436  |  |
| 5.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | LIONEL GNANASEELAN          |  |
| 5.3 STREET ADDRESS | 9990 PINEAPPLE TREE DR.     |  |
| 5.4 CITY-ST-ZIP    | BOYNTON BCH FL 00000 33436  |  |
| 6.1 TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | DOROTHY HART                |  |
| 6.3 STREET ADDRESS | 9990 PINEAPPLE TREE DR.     |  |
| 6.4 CITY-ST-ZIP    | BOYNTON BCH FL 00000 33436  |  |

14. I do 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 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: **DONALD G. POIRIER** *Donald G. Poirier* 1/15/97 736-6005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042386

CR2E037 (9/96)