

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90113 040 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 746671**

1. Corporation Name  
**BENT TREE GARDENS WEST CONDOMINIUM ASSOCIATION, INC.**

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

Mailing Address  
 9990 PINEAPPLE TREE DR  
 BOYTON BCH FL 33436



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/09/1979</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2152177</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent  
**GNANASEELAN, LIONEL**  
**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
85	Zip Code

**FL**

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEY, BRIAN</b>	1.2 NAME	
STREET ADDRESS	<b>9990 PINEAPPLE TREE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOMERS, HENDIE E</b>	2.2 NAME	
STREET ADDRESS	<b>9990 PINEAPPLE TREE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL 32343</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POHL, MARIE V</b>	3.2 NAME	
STREET ADDRESS	<b>9990 PINEAPPLE TREE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BC</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIONEL GNANASEELAN</b>	4.2 NAME	
STREET ADDRESS	<b>9990 PINEAPPLE TREE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH. FL 33436</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D GIONFRIDDO, PAUL</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>9990 PINEAPPLE TREE DR</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Lionel Gnanaseelan* **SIGNATURE REQUIRED** LIONEL GNANASEELAN **04/12/99 (561) 297-3114**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)