

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90038 015 \*\*\*\*61.25

**DOCUMENT # 746671**

1. Entity Name

**BENT TREE GARDENS WEST CONDOMINIUM ASSOCIATION,**

Principal Place of Business

9990 PINEAPPLE TREE DR  
 BOYTON BCH FL 33436

Mailing Address

9990 PINEAPPLE TREE DR  
 BOYTON BCH FL 33436-3578

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

**59-2152177**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GNANASEELAN, LIONEL**  
**9990 PINEAPPLE TREE DR**  
**BOYNTON BCH FL 33436**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
 NAME **KENNEY, BRIAN**  
 STREET ADDRESS **9990 PINEAPPLE TREE DR**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VD**  Delete  
 NAME **SOMERS, HENDIE E**  
 STREET ADDRESS **9990 PINEAPPLE TREE DR**  
 CITY-ST-ZIP **BOYNTON BCH FL 32343**

TITLE **S**  Delete  
 NAME **POHL, MARIE V**  
 STREET ADDRESS **9990 PINEAPPLE TREE DR**  
 CITY-ST-ZIP **BOYNTON BC**

TITLE **T**  Delete  
 NAME **LIONEL GNANASEELAN**  
 STREET ADDRESS **9990 PINEAPPLE TREE DR.**  
 CITY-ST-ZIP **BOYNTON BCH. FL 33436**

TITLE **D**  Delete  
 NAME **GIONFRIDDO, PAUL**  
 STREET ADDRESS **990 PINEAPPLE TREE DR**  
 CITY-ST-ZIP **BOYTON BEACH FL 33436**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Change  Addition  
 NAME **LEVY, SEYMOUR H.**  
 STREET ADDRESS **9990 PINEAPPLE TREE DR**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **D**  Change  Addition  
 NAME **ESPOSITO, SALVATORE**  
 STREET ADDRESS **9990 PINEAPPLE TREE DR**  
 CITY-ST-ZIP **BOYNTON BCH, FL 33436**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **BOYNTON BCH, FL 33436**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **ZACCARIA, ARTHUR R.**  
 STREET ADDRESS **9990 PINEAPPLE TREE DR**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

12. 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 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:**

**SIGNATURE REQUIRED**  
**LIONEL GNANASEELAN**

**03/10/00**

**(561) 297-3114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #