2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746671

1. Entity Name

BENT TREE GARDENS WEST CONDOMINIUM ASSOCIATION,

Principal Place of Business 9990 PINEAPPLE TREE DR

Mailing Address

9990 PINEAPPLE TREE DR

2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90240 016 ****61.25

Side, Apt. 9, etc. Side, Apt. 9, etc. City & State City & State Country Zip Country Zip Country Size Address of Country Country Size Address of New Registered Agent Nemo City Size Address of New Registered Agent Nemo Size Address of New Registered Agent Size Address of New Registered Agent City File Day Size Address of New Registered Agent City File Now: File Now	BOYTON BCH FL 33436		BOYTON BCH FL 33436								
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GNANASEELAN, LIONEL 9909 PINEAPPLE TIREE DR BOYNTON BCH FL 33436 City FL Zip Code		6. Name and Address of Current	Registered Agent								
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE Signature Trust Fund Contribution				Name							
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE Signature Trust Fund Contribution	ONIANAOETI ANI LIONEI			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
BOYNTON BCH FL 33436 City							·				
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 FILE NOW: FEE IS \$61.25				City	City		FL	Zip Code	Э		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR