
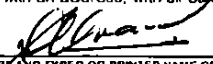


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-30-2007 90013 039 ****61.25

DOCUMENT # 746671					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2152177	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LADWIG, PATTI HEIDLER ESQ 12765 W. FOREST HILL BLVD. SUITE 1312 WELLINGTON FL 33414-4782			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10		
DD NAME MANGINELLI, DINA STREET ADDRESS 9990 PINEAPPLE TREE DRIVE CITY, ST, ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete		DD NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD NAME WUESTMAN, CHRISTOPHER STREET ADDRESS 9990 PINEAPPLE TREE DR. CITY, ST, ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete		DD NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD NAME GNANASEELAN, LIONEL STREET ADDRESS 9990 PINEAPPLE TREE DR. CITY, ST, ZIP BOYNTON BCH. FL 33436	<input type="checkbox"/> Delete		DD NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD NAME BACCALOA, DAVID STREET ADDRESS 9810 PINEAPPLE TREE DR CITY, ST, ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete		DD NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DD NAME GENTILE, ROBERT STREET ADDRESS 9990 PINEAPPLE TREE DR CITY, ST, ZIP BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/> Delete		DD NAME RIVKA FELSHER STREET ADDRESS 9785 PINEAPPLE TREE DR. CITY, ST, ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
DD NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete		DD NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: X 		LIONEL GNANASEELAN		02/17/07	