


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90157 017 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
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**



CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SOMERS, HEIDI E 9990 PINEAPPLE TR DR BOYNTON BEACH FL 33436</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HALL, RICHARD W 9990 PINEAPPLE TREE DR BOYNTON BEACH FL 33436</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LIONEL GNANASEELAN 9990 PINEAPPLE TREE DR. BOYNTON BCH. FL 33436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GIONFRIDDO, PAUL 9990 PINEAPPLE TREE DR. BOYNTON BCH. FL 33436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD WUESTMAN, CHRISTOPHER S 9990 PINEAPPLE TREE DR. BOYNTON BCH. FL 33436</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ZICARI, SAM 9810 PINEAPPLE TREE DR. BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PATTON, CHARLES 9935 PINEAPPLE TREE DR BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD GRIFFIN, DEBBIE 9810 PINEAPPLE TREE DR BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE 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 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 OF PAUL GIONFRIDDO, PRES 1/27/03 (54) 736-6005

CR2E037 (10/02)