

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746671

Entity Name: BENT TREE GARDENS WEST CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 27, 2016
Secretary of State
CC1054378502**Current Principal Place of Business:**9990 PINEAPPLE TREE DR
BOYTON BCH, FL 33436**Current Mailing Address:**9990 PINEAPPLE TREE DR
BOYTON BCH, FL 33436**FEI Number: 59-2152177****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LADWIG, PATTI HEIDLER ESQ
12161 KEN ADAMS WAY
SUITE 110-UU
WELLINGTON, FL 33414 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	LOPEZ, JOSE
Address	9990 PINEAPPLE TREE DR.
City-State-Zip:	BOYNTON BEACH FL 33436

Title	SECRETARY
Name	GNANASEELAN, LIONEL
Address	9990 PINEAPPLE TREE DR
City-State-Zip:	BOYNTON BEACH FL 33436

Title	PRESIDENT, TREASURER
Name	BEARD, STEPHEN
Address	9990 PINEAPPLE TREE DR
City-State-Zip:	BOYNTON BEACH FL 33436

Title	DIRECTOR
Name	EDWARDS, JOYCE
Address	9990 PINEAPPLE TREE DR
City-State-Zip:	BOYTON BCH FL 33436

Title	DIRECTOR
Name	ARENA, DANIEL
Address	9990 PINEAPPLE TREE DR
City-State-Zip:	BOYTON BCH FL 33436

Title	DIRECTOR
Name	WOODRICK, STEVEN
Address	9990 PINEAPPLE TREE DR
City-State-Zip:	LANTANA FL 33436

Title	DIRECTOR
Name	BARLOW, VANESSA
Address	9990 PINEAPPLE TREE DR
City-State-Zip:	BOYNTON BEACH FL 33436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LIONEL GNANASEELAN**SECRETARY****01/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date