

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
 03-19-2001 90468 043 \*\*\*\*61.25

**DOCUMENT # 719810**

1. Entity Name

**BONAVENTURE TOWN HOUSE OWNERS ASSOCIATION, INC.**

Principal Place of Business

**301 BONAVENTURE BLVD  
 FT. LAUDERDALE FL 33326**

Mailing Address

**% PHOENIX MGMT  
 541 S ST RD 7 12  
 MARGATE FL 33068  
 US**

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

**59-1518518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHOENIX MGMT. SERVICES INC.  
 541 S. STATE RD 7  
 SUITE 12  
 MARGATE FL 33068**

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

*Kerry Friedman*

*Property mgr.*

*3-15-01*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 WARSHAW, HAROLD  
 301 BONAVENTURE BLVD  
 WESTON FL 33326** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 DELPINO, RUBEN  
 301 BONAVENTURE BLVD  
 WESTON FL 33326** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DS  
 HERNANDEZ, WINIFRED  
 301 BONAVENTURE BLVD  
 WESTON FL 33326** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 HERNANDEZ, ISMAEL  
 301 BONAVENTURE BLVD  
 WESTON FL 33326** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 SLATER, IRWIN  
 301 BONAVENTURE BLVD  
 FT LAUDERDALE FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TS  
 FRIEDSTEIN, BERNICE  
 301 BONAVENTURE BLVD  
 WESTON FL 33326** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**FRIEDSTEIN, BERNICE** ☒ Change ☐ 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:

*Harold M. Warsaw*  
**SIGNATURE REQUIRED**

*Harold M. Warsaw*

*954-389-0538*  
 Daytime Phone #

CR2E037 (10/00)