

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723466 (9)**  
 1. Corporation Name  
**BONA VISTA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
2901 SIMMS STREET HOLLYWOOD FL 33020		2901 SIMMS STREET HOLLYWOOD FL 33020	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30	29	30

3. Date Incorporated or Qualified	05/22/1972	
4. FEI Number	13-2753711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEVELOPMENT CONSULTANTS INC.**  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	LAZARUS, LESTER	1.2 NAME	STEIN, KENNETH
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	SD	2.1 TITLE	
NAME	GREENE, LEW	2.2 NAME	
STREET ADDRESS	3375 N COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	LEVY, ESTELLE	3.2 NAME	
STREET ADDRESS	3375 NORTH COUNTRY CLUB DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	BAIDA, ARTHUR	4.2 NAME	
STREET ADDRESS	3375 N COUNTRY CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VP
NAME	MARKS, MONROE G.	5.2 NAME	HAYON, NORMAN
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	5.3 STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL
TITLE		6.1 TITLE	D
NAME		6.2 NAME	LEVY, ISAAC
STREET ADDRESS		6.3 STREET ADDRESS	3375 N. COUNTRY CLUB DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/15/98 3059325597

CR2E037 (10/97)