

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90334 028 \*\*\*\*61.25

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<b>DOCUMENT # 723466</b> 1. Entity Name BONA VISTA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3375 N COUNTRY CLUB DR MIAMI, FL 33180			Mailing Address 1840 NE 153 ST. NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business		3. Mailing Address 4101 SW 47 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 105			
City & State		City & State DAVIE, FL.		4. FEI Number 13-2753711	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33314		Country BROWARD		62212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  ROBERTS MANAGEMENT 1840 NE 153 ST. MIAMI, FL 33162			7. Name and Address of New Registered Agent Name ROBERTS MANAGEMENT CO Street Address (P.O. Box Number is Not Acceptable) 4101 SW 47 AVE 105 City DAVIE FL Zip Code 33314		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	TR BRODSKY, HYMAN 3375 N COUNTRY CLUB DR. AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP	Sonny H. Baida V.P. 3375 N. Country Club Dr Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, CHERYL 3375 N COUNTRY CLUB DR #1504 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP	Beverly R. Kramer 3375 N. Country Club Dr Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	ST SAVILLE, PEARL G 3375 N COUNTRY CLUB DR., #706 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP	Caryn Ward Treasurer 3375 N. Country Club Dr Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	VPD RINKER, ARNOLD 3375 N COUNTRY CLUB DR., #1705 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	PD CANARICK, HERBERT 3375 N COUNTRY CLUB DR #1805/1806 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	D KALKA, ETHEL 3375 N COUNTRY CLUB DR. AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					