


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 023 \*\*\*\*61.25

<b>DOCUMENT # 723466</b>					
<b>1. Entity Name</b> BONA VISTA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3375 N COUNTRY CLUB DR MIAMI, FL 33180			<b>Mailing Address</b> 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 13-2753711	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MAYROWITZ, ANDREW DCC ASSOCIATION SERVICES 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> BAIDA, SONNY H	<input type="checkbox"/> Delete		<b>TITLE</b> DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3375 N COUNTRY CLUB DR.	AVENTURA, FL 33180		<b>NAME</b> SAVILLE, PEARL	STREET ADDRESS 3375 N. COUNTRY CLUB DR. #706	
<b>CITY-ST-ZIP</b> AVENTURA, FL 33180			<b>CITY-ST-ZIP</b> AVENTURA, FL 33180		
<b>TITLE</b> VP	<b>NAME</b> SAVILLE, PEARL	<input type="checkbox"/> Delete		<b>TITLE</b> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3375 COUNTRY CLUB DR SUITE 706	AVENTURA, FL 33180		<b>NAME</b> VIVIAN, BARBARA	STREET ADDRESS 3375 N. COUNTRY CLUB DR. #906	
<b>CITY-ST-ZIP</b> AVENTURA, FL 33180			<b>CITY-ST-ZIP</b> AVENTURA, FL 33180		
<b>TITLE</b> ST	<b>NAME</b> SAVILLE, PEARL G	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3375 N COUNTRY CLUB DR., #706	AVENTURA, FL 33180		<b>NAME</b> GERBER, CHERYL	STREET ADDRESS 3375 N. COUNTRY CLUB DR. #1504	
<b>CITY-ST-ZIP</b> AVENTURA, FL 33180			<b>CITY-ST-ZIP</b> AVENTURA, FL 33180		
<b>TITLE</b> D	<b>NAME</b> WARD, CARYN	<input type="checkbox"/> Delete		<b>TITLE</b> DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3375 COUNTRY CLUB DR SUITE 305	AVENTURA, FL 33180		<b>NAME</b> KRAMER, BEVERLY	STREET ADDRESS 3375 N. COUNTRY CLUB DR. #1403	
<b>CITY-ST-ZIP</b> AVENTURA, FL 33180			<b>CITY-ST-ZIP</b> AVENTURA, FL 33180		
<b>TITLE</b> D	<b>NAME</b> COHEN, MANAHAM	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3375 COUNTRY CLUB DR SUITE 604	AVENTURA, FL 33180		<b>NAME</b> HOWARD, EDITH	STREET ADDRESS 3375 N. COUNTRY CLUB DR. #805	
<b>CITY-ST-ZIP</b> AVENTURA, FL 33180			<b>CITY-ST-ZIP</b> AVENTURA, FL 33180		
<b>TITLE</b> D	<b>NAME</b> WEINOFF, LAURA	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3375 COUNTRY CLUB DR SUITE 507	AVENTURA, FL 33180		<b>NAME</b> 	STREET ADDRESS	
<b>CITY-ST-ZIP</b> AVENTURA, FL 33180			<b>CITY-ST-ZIP</b> 		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					