FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723755** **(5)**

1. Corporation Name

BONAVIDA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
20100 WEST COUNTRY CLUB DRIVE BAY HARBOR FL 33160	~~1177 KANE CONCOURSE, SUITE 115~~ ~~BAY HARBOR FL 33154~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1972	3a. Date of Last Report: 05/18/1994
4. FEI Number: 13-2753715	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

	Principal Place of Business		Mailing Address
21		26	C/O D.C.I.
22	Suite, Apt. #, etc.	27	2901 Simms St.
23	City & State	28	Hollywood, FL.
24	Zip / 25 Country	29 / 30	33020 / USA

9. Name and Address of Current Registered Agent

D.C.I.
C/O A. MEYROWITZ
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GROSSMAN, ARTHUR	1.2 NAME	
STREET ADDRESS	20100 WEST COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	~~VD~~ DAVID KATZ	2.1 TITLE	☐ Change ☑ Addition
NAME	~~REINER, WILLIAM~~	2.2 NAME	
STREET ADDRESS	~~20100 WEST COUNTRY CLUB DRIVE~~ SAME	2.3 STREET ADDRESS	20100 W. Country Club Dr
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. Miami Bch, FL.
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SZITA, BLANCHE	3.2 NAME	Blanche Z. Szita
STREET ADDRESS	20100 W COUNTRY CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	STARR, REUBEN	4.2 NAME	
STREET ADDRESS	20100 W COUNTRY CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	RASKIN, ABRAHAM	5.2 NAME	VP/D
STREET ADDRESS	20100 W COUNTRY CLUB DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	~~D~~	6.1 TITLE	☐ Change ☐ Addition
NAME	~~GILBERT, JOHN~~	6.2 NAME	
STREET ADDRESS	~~20100 W. COUNTRY CLUB~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/27/95 501 032 0042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000180