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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723755

1. Corporation Name

BONAVIDA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

20100 WEST COUNTRY CLUB DRIVE
BAY HARBOR FL 33180

Mailing Address

1840 NE 153 ST
NMB FL 33162
US

468757 - 90008 - 20



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/28/1972

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

9. Name and Address of Current Registered Agent

**MANAGEMENT, ROBERTS
1840 NE 153 ST
NMB FL 33162**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME STARK, MILTON
STREET ADDRESS 20100 W COUNTRY CLUB DR., #701
CITY-ST-ZIP AVENTURA FL

TITLE D ☒ DELETE
NAME DAVIDOVIC, R
STREET ADDRESS 20100 W COUNTRY CLUB DR
CITY-ST-ZIP AVENTURA FL

TITLE STD ☐ DELETE
NAME MEYERSON, S
STREET ADDRESS 20100 W COUNTRY CLUB DR
CITY-ST-ZIP AVENTURA FL

TITLE VD ☐ DELETE
NAME WEISBERG, S
STREET ADDRESS 20100 W COUNTRY CLUB DR
CITY-ST-ZIP AVENTURA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D VP ☐ Change ☒ Addition
1.2 NAME SAUL COOPER
1.3 STREET ADDRESS 20100 W. COUNTRY CLUB DRIVE
1.4 CITY-ST-ZIP AVENTURA, FL

2.1 TITLE D S ☐ Change ☒ Addition
2.2 NAME MARION MARKER
2.3 STREET ADDRESS 20100 W. COUNTRY CLUB DRIVE
2.4 CITY-ST-ZIP AVENTURA, FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D P ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D T ☐ Change ☒ Addition
5.2 NAME FANNY LEVY
5.3 STREET ADDRESS 20100 W. COUNTRY CLUB DRIVE
5.4 CITY-ST-ZIP AVENTURA, FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME MILTON KOTH
6.3 STREET ADDRESS 20100 W. COUNTRY CLUB DRIVE
6.4 CITY-ST-ZIP AVENTURA, 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, with all other like empowered.

SIGNATURE:

Saul Cooper
SIGNATURE REQUIRED
SAUL COOPER
VICE PRESIDENT
4/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)