

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723755

1. Entity Name

BONAVIDA CONDOMINIUM ASSOCIATION, INC

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90004 001 ****61.25

Principal Place of Business

20100 WEST COUNTRY CLUB DRIVE
BAY HARBOR FL 33180

Mailing Address

1840 NE 153 ST
NMB FL 33162-6044
US

2. Principal Place of Business

Suite, Apt. #, etc.

Aventura, FL

33180

Miami-Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-2753715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANAGEMENT, ROBERTS
1840 NE 153 ST
NMB FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	☒ Delete
NAME	COOPER, SAUL	
STREET ADDRESS	20100 W COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DS	☐ Delete
NAME	MARKER, MARION	
STREET ADDRESS	20100 WEST COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	☐ Delete
NAME	MEYERSON, S	
STREET ADDRESS	20100 W COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DP	☐ Delete
NAME	WEISBERG, S	
STREET ADDRESS	20100 W COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DT	☒ Delete
NAME	LEUY, FANNY	
STREET ADDRESS	20100 WEST COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	☐ Delete
NAME	KOHN, MILDRED	
STREET ADDRESS	20100 WEST COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	Gordon, Selma	
STREET ADDRESS	20100 West Country Club Dr	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		☐ Change ☒ Addition
NAME	Berkowitz, Renee	
STREET ADDRESS	20100 West Country Club Dr	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	DT	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	Macher, Ralph	
STREET ADDRESS	20100 West Country Club Dr.	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	DVP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-2000 305 935-1311

CR2E037 (9/99)