

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90049 029 \*\*\*\*61.25

**DOCUMENT # 723755**

1. Entity Name

BONAVIDA CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

20100 WEST COUNTRY CLUB DRIVE  
AVENTURA FL 33180

Mailing Address

1840 NE 153 ST  
NMB FL 33162  
US

**54009122**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2753715

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAGEMENT, ROBERTS  
1840 NE 153 ST  
N MIAMI BEACH FL 33162

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D TREAS** ☐ Delete  
NAME **GORDON, SELMA**  
STREET ADDRESS **20100 W COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete  
NAME **KOLESKY, HERBERT**  
STREET ADDRESS **20100 WEST COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete  
NAME **WEISBERG, S**  
STREET ADDRESS **20100 W COUNTRY CLUB DR**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☒ Delete  
NAME **HELLER, JULES**  
STREET ADDRESS **20100 WEST COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete  
NAME **KOHN, MILDRED**  
STREET ADDRESS **20100 WEST COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MARILYN KRISBERG PRES** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **20100 W. COUNTRY CLUB DR**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **PABLO M. LIANI V.P.** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **20100 W. COUNTRY CLUB DR**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **JOYCE STARR** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **20100 W. COUNTRY CLUB DR**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 #

**2/11/04 305-936-9924**