

# 607 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90032 039 \*\*\*\*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  
**4101 SW 41 AVE  
105  
DAVIE, FL 33314 US**

**60018836**



2. Principal Place of Business - No P.O. Box #  
**20100 W. Country Club Drive**

3. Mailing Address  
**20100 W. Country Club Drive**

Suite, Apt. #, etc.  
**Mgmt. Office**

Suite, Apt. #, etc.  
**Mgmt. Office**

City & State  
**Aventura, FL**

City & State  
**Aventura, FL**

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**13-2753715**

Applied For  
Not Applicable

Zip  
**33180**

Country  
**Dade-US**

Zip  
**33180**

Country  
**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MANAGEMENT, ROBERTS  
4101 SW 41 AVE  
10  
DAVIE, FL 33314**

**7. Name and Address of New Registered Agent**

Name **Becker & Poliakoff c/o Rob Rubinsten**  
Street Address (P.O. Box Number is Not Acceptable)  
**3111 Sterling Road**  
City **Ft. Lauderdale** FL Zip Code **33312**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	T	<input checked="" type="checkbox"/> Delete
NAME	GORDON, SELMA	
STREET ADDRESS	20100 W. COUNTRY CLUB DRIVE, UNIT 1508	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAYERSON, SYLVIA	
STREET ADDRESS	20100 W. COUNTRY CLUB DRIVE, UNIT 207	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLSBERG, STEVE	
STREET ADDRESS	20100 W. COUNTRY CLUB DRIVE, UNIT 1205	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRISBERGH, MARILYN	
STREET ADDRESS	20100 W. COUNTRY CLUB DRIVE, UNIT 1104	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILDRED, KAHN	
STREET ADDRESS	20100 W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOSSTRIN, RICHARD D	
STREET ADDRESS	20100 W. COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 33180	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weissman, Pamela	
STREET ADDRESS	20100 W. Country Club Drive	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marker, Marion	
STREET ADDRESS	20100 W. Country Club Drive	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kolesky, Joanne	
STREET ADDRESS	20100 W. Country Club Drive	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #