

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 733439 (4)

1. Corporation Name

TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8270 STATE ROAD 84
DAVIE FL 33324
US

Mailing Address

C/O WEST BROWARD PROPERTY MGMT INC
8498 STATE ROAD 84
DAVIE FL 33324-4547



3. Date Incorporated or Qualified 07/31/1975
3a. Date of Last Report 04/23/1996

2. Principal Place of Business

21 11530 ST RD 84

Suite, Apt. #, etc.

22

City & State

23 Davie, FL

Zip

24 33325

Country

25 USA

2a. Mailing Address

26 P.O. Box 551390

Suite, Apt. #, etc.

27

City & State

28 Davie, FL

Zip

29 33325

Country

30 USA

4. FEI Number

59-1804290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-3525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME CHARLTON, WINSOME
STREET ADDRESS 368 FERN DR
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Debs Luis
1.3 STREET ADDRESS 354 Fern Drive
1.4 CITY-ST-ZIP FT. Lauderdale, FL 33326

TITLE VP ☐ DELETE

NAME PUCKETT, CHARLES
STREET ADDRESS 291 FERN DR
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME GOLDSTONE, RUTH
STREET ADDRESS 361 FERN DR
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME O'CONNER, ABBY
STREET ADDRESS 394 FERN DR
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME EPSTEIN, PAUL
STREET ADDRESS 350 FERN DR
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037 185

CR2E037 (9/96)