

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 18, 2008
Secretary of State**

DOCUMENT# 733439

Entity Name: TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2045 SW 127 AVE
DAVIE, FL 33325 US**New Principal Place of Business:****Current Mailing Address:**2045 SW 127 AVE
DAVIE, FL 33325 US**New Mailing Address:**

FEI Number: 59-1804290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MIELE BROTHERS MANAGEMENT, INC.
2045 SW 127 AVE.
DAVIE, FL 33325 US**Name and Address of New Registered Agent:**GLAZER AND ASSOCIATES, P.A.
3113 STIRLING ROAD
201
HOLLYWOOD, FL 33312 US

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: ERIC M. GLAZER, PRESIDENT

07/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: TD () Delete
Name: DEBS, LUIS
Address: 2045 SW 127 AVE.
City-St-Zip: DAVIE, FL 33325Title: D () Delete
Name: GLADIOLA, MOSHE
Address: 2045 SW 127 AVE
City-St-Zip: DAVIE, FL 33325Title: P () Delete
Name: MESA, STELLA
Address: 2045 SW 127 AVE
City-St-Zip: DAVIE, FL 33325Title: SD () Delete
Name: GARCIA, PATRICIA
Address: 2045 SW 127 AVE.
City-St-Zip: DAVIE, FL 33325Title: VD () Delete
Name: POWERS, IAN
Address: 2045 SW 127 AVE
City-St-Zip: DAVIE, FL 33325**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: TD (X) Change () Addition
Name: FOGELSON, BRIAN
Address: 2045 SW 127 AVE.
City-St-Zip: DAVIE, FL 33325Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN FOGELSON

TD

07/18/2008

Electronic Signature of Signing Officer or Director

Date