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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740165

1. Corporation Name

**VILLAS OF BONAVENTURE AT BONAVENTURE 40 WEST CON
DOMINIUM ASSOCIATION, INC.**

Principal Place of Business

WEST BROWARD PROP MGMT
11530 STATE RD 84
DAVIE FL 33325
US

Mailing Address

WEST BROWARD PROP MGMT
11530 STATE RD 84
DAVIE FL 33325
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/16/1977

4. FEI Number

59-1913631

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WEST BROWARD PROPERTY MANAGEMENT
11530 STATE RD 84
DAVIE FL 33325

10. Name and Address of New Registered Agent

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

TITLE D ☒ DELETE
NAME HEILIG, BEA
STREET ADDRESS 307 IVY LN
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☒ DELETE
NAME GOLDSTEIN, HARRY
STREET ADDRESS 383 IVY LN
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☒ DELETE
NAME BEDIN, JVAN
STREET ADDRESS 327 IVEY LANE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME SMITH, ROBIN
STREET ADDRESS 16351 CAMMI LANE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD ☐ DELETE
NAME FREIDMAN, MARSHALL
STREET ADDRESS 363 IVY LANE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DS ☒ DELETE
NAME SHAPIRO, NATHAN
STREET ADDRESS 339 IVY LANE
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☐ Change ☒ Addition
1.2 NAME SCHIWER, PATRICIA
1.3 STREET ADDRESS 315 IVY LANE
1.4 CITY-ST-ZIP WESTON, FL 33326

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GOLDSTEIN, CHARLOTTE
2.3 STREET ADDRESS 383 IVY LANE
2.4 CITY-ST-ZIP WESTON, FL 33326

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D, S ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D, VP ☐ Change ☒ Addition
6.2 NAME WEIMER, STEPHEN
6.3 STREET ADDRESS 391 IVY LANE
6.4 CITY-ST-ZIP WESTON, FL 33326

14. 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 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, with all other like empowered.

SIGNATURE: *Patricia Schiwer* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)