

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **752906** (8)

1. Corporation Name  
**VILLAS AT BONAVENTURE IN TRACT 37 NORTH CONDOMINIUM ASSOCIATION, INC.**

06/12/1980 09:56

Principal Place of Business Mailing Address  
**8498 STATE RD 84 DAVIE FL 33324 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1980** 3a. Date of Last Report **02/11/1994**  
4. FEI Number **59-2001078** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **8270 STATE ROAD 84** 26 **8270 STATE ROAD 84**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **DAVIE FLORIDA** 28 **DAVIE, FLORIDA**  
24 **33324** 25 **BROWARD** 29 **33324** 30 **BROWARD**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**POLIAKOFF, GARY  
BECKER, POLIAKOFF AND STREITFELD  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPD</b>	11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULTAN, JERRY</b>	12 NAME	<b>BARON, LAWRENCE</b>
STREET ADDRESS	<b>16021 FAIRWAY LANE</b>	13 STREET ADDRESS	<b>302 FAIRWAY CIRCLE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	14 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL</b>
TITLE	<b>D</b>	21 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POULIN, RICHARD</b>	22 NAME	<b>CHAZIN, SONIA</b>
STREET ADDRESS	<b>318 FAIRWAY CIR</b>	23 STREET ADDRESS	<b>272 FAIRWAY CIRCLE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	24 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL</b>
TITLE	<b>SD</b>	31 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHENBERG, WILLIAM</b>	32 NAME	<b>ROSENBLUM, HARVEY</b>
STREET ADDRESS	<b>286 FAIRWAY CIRCLE</b>	33 STREET ADDRESS	<b>260 FAIRWAY CIRCLE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	34 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL</b>
TITLE	<b>P</b>	41 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARON, LAWRENCE</b>	42 NAME	<b>FEINSTEIN, JACK</b>
STREET ADDRESS	<b>302 FAIRWAY CIRCLE</b>	43 STREET ADDRESS	<b>244 FAIRWAY CIRCLE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	44 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL</b>
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEINSTEIN, JACK</b>	52 NAME	
STREET ADDRESS	<b>244 FAIRWAY CIRCLE</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lawrence Baron (LAWRENCE BARON)* 06/05/95 305.387-4115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR