

FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752906 (8)

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



Principal Place of Business 8270 STATE ROAD 84 DAVIE FL 33324 US	Mailing Address 8270 STATE ROAD 84 DAVIE FL 33324 US
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3. Date Incorporated or Qualified 06/12/1980
4. FEI Number 59-2001078
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 West Broward Property Mang	2a. Mailing Address 26 11530 State Road 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Davie, FL	City & State 28 Davie FL
Zip 24 33325	Country 25 Broward
	Zip 29 33325
	Country 30 Broward

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEST BROWARD PROPERTY MANAGEMENT INC
8270 STATE ROAD 84
DAVIE FL 33324**

10. Name and Address of New Registered Agent

81 Name West Broward Property Management Inc
82 Street Address (P.O. Box Number is Not Acceptable) 11530 State Road 84
83
84 City Davie, FL
85 Zip Code 33325

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SULTAN, JERRY	
STREET ADDRESS	16021 FAIRWAY LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SONIA CHAZIN	
STREET ADDRESS	272 FAIRWAY CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY ROSENBLUM	
STREET ADDRESS	260 FAIRWAY CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARON, LAWRENCE	
STREET ADDRESS	302 FAIRWAY CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEINSTEIN, JACK	
STREET ADDRESS	244 FAIRWAY CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SULTAN, JERRY	
1.3 STREET ADDRESS	16021 FAIRWAY LANE	
1.4 CITY-ST-ZIP	Ft Lauderdale, FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHAZIN SONIA	
2.3 STREET ADDRESS	272 FAIRWAY CIRCLE	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33326	<input checked="" type="checkbox"/>
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSENBLUM HARVY	
3.3 STREET ADDRESS	260 FAIRWAY CIRCLE	
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
4.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BARON LAWRENCE	
4.3 STREET ADDRESS	302 FAIRWAY CIRCLE	
4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FEINSTEIN JACK	
5.3 STREET ADDRESS	244 FAIRWAY CIRCLE	
5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE *JACK FEINSTEIN 2/12/98 621-209-7578*

CR2E037 (10/97)