

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90228 048 ****61.25

DOCUMENT # 752906
 1. Entity Name
 VILLAS AT BONAVENTURE IN TRACT 37 NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 11530 STATE RD 84, DAVIE, FL 33325 US
 Mailing Address: 11530 STATE ROAD 84, DAVIE, FL 33325 US

50020253



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

01172005 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2001078 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: WEST BROWARD COMMUNITY MANAGEMNET, 11530 STATE ROAD 84, DAVIE, FL 33325
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: KATCHER, LUCIE STREET ADDRESS: 16049 FAIRWAY CIRCLE CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HARVEY ROSENBLOOM STREET ADDRESS: 260 FAIRWAY CIRCLE CITY-ST-ZIP: FT. LAUDERDALE, FL 33326	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: STEINER, WENDY STREET ADDRESS: 16033 FAIRWAY CIRCLE CITY-ST-ZIP: WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: ILISA Kiel STREET ADDRESS: 278 FAIRWAY Circle CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: RICHARD, STRAUSS STREET ADDRESS: 258 FAIRWAY CIR CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: O'MARA, EDWARD STREET ADDRESS: 274 FAIRWAY CIRCLE CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: GOLDSMITH, ROBERT STREET ADDRESS: 282 FAIRWAY CIRCLE CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucie Katcher Date: 2-16-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #