


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90378 039 \*\*\*\*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**

40061286



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

0112006 Chg-NP CR2E037 (11/05)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATCHER, LUCIE 16049 FAIRWAY CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY ROSENBLUM 260 FAIRWAY CIRCLE FT. LAUDERDALE, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ILISA, KIEL 278 FAIRWAY CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD, STRAUSS 258 FAIRWAY CIR WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'MARA, EDWARD 274 FAIRWAY CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSMITH, ROBERT 282 FAIRWAY CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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* **4-18-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #