


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90152 041 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEST BROWARD COMMUNITY MANAGEMNET 11530 STATE ROAD 84 DAVIE, FL 33325		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATCHER, LUCIE	NAME	
STREET ADDRESS	16049 FAIRWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY ROSENBLOOM	NAME	
STREET ADDRESS	260 FAIRWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILISA, KIEL	NAME	KIEL, ILISA
STREET ADDRESS	278 FAIRWAY CIRCLE	STREET ADDRESS	278 FAIRWAY CIRCLE # 78
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	WESTON FL 33326
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD, STRAUSS	NAME	BIAL, IVAN
STREET ADDRESS	258 FAIRWAY CIR	STREET ADDRESS	262 FAIRWAY CIRCLE # 82
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	WESTON FL 33326
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MARA, EDWARD	NAME	GIOENI, LORI
STREET ADDRESS	274 FAIRWAY CIRCLE	STREET ADDRESS	16035 FAIRWAY TERRACE # 120
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	WESTON FL 33326
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, ROBERT	NAME	
STREET ADDRESS	282 FAIRWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
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: <i>Ilisa Kiel</i>		Date: <i>4/23/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>954-472-3820</i>	