

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752906

FILED
Apr 23, 2009
Secretary of State

Entity Name: VILLAS AT BONAVENTURE IN TRACT 37 NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11530 STATE RD 84
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

11530 STATE ROAD 84
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 59-2001078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMNET
11530 STATE ROAD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KATCHER, LUCIE
Address: 16049 FAIRWAY CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: HARVEY ROSENBLOOM
Address: 260 FAIRWAY CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33326

Title: P () Delete
Name: KIEL, ILISA
Address: 278 FAIRWAY CIRCLE #78
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: BIAL, IVAN
Address: 262 FAIRWAY CIRCLE #82
City-St-Zip: WESTON, FL 33326

Title: S (X) Delete
Name: GIOENI, LORI
Address: 16035 FAIRWAY TERRACE #120
City-St-Zip: WESTON, FL 33326

Title: VPD () Delete
Name: GOLDSMITH, ROBERT
Address: 282 FAIRWAY CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KATCHER, LUCIE
Address: 16049 FAIRWAY CIRCLE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILISA KIEL

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date