

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752906

FILED
May 18, 2010
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:

C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

Current Mailing Address:

11530 STATE ROAD 84
DAVIE, FL 33325 US

New Mailing Address:

C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

FEI Number: 59-2001078 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

WEST BROWARD COMMUNITY MANAGEMNET
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

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

05/18/2010

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: KATCHER, LUCIE
Address: 16049 FAIRWAY CIRCLE
City-St-Zip: WESTON, FL 33326

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

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

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

Title: D
Name: GIOENI, LORI
Address: 282 FAIRWAY CIRCLE
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: ILISA KIEL

P

05/18/2010

Electronic Signature of Signing Officer or Director

Date