## 2006 NOT-FOR-PROFIT CORPORATION

## FILED May 01, 2006 8:00 am Secretary of State ANNUAL REPORT 05-01-2006 90405 010 \*\*\*\*61.25 **DOCUMENT #757000**

1. Entity Name FAIRWAYS AT BONAVENTURE CONDOMINIUM ASSOCIATION, INC. 40075967 Principal Place of Business Mailing Address C/O D.C.I. C/O D.C.I. 2035 HARDING ST 2035 HARDING ST HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address 2035 Harding Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chq-NP CR2E037 (11/05) Suite 200 City & State City & State 4. FEI Numbe Applied For 59-2107197 Not Applicable Hollywood FL \$8.75 Additional Zip Country Zip 33020 Country 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEVELOPMENT CONSULTANTS, INC. A ID O Day Numbersis Not Acceptable) . 2035 HARDING ST Street And ATTN: ANDREW MEYROWITZ HOLLYWOOD, FL 33020 City 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **VPD** Delete ☐ Change 4 Addition TITLE TITLE 'VP KELLER, EDWARD NAME Rechard Pecchiodi #410 STREET ADDRESS 16051 BLATT BLVD, #1-406 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP Ft. Lauderdale, FL 33326 **D**elete TITLE ☐ Change X Addition NAME WAIKSNIS, MICHAEL Bently Weitzman 16091 BLATT BLVD #312 STREET ADDRESS STREET ADDRESS 16141 Blatt Blvd. #413 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE, FL 33326 Ft. Lauderdale. FL 33326 Detete TITLE TITLE X Addition ☐ Chanoe Richard Maniscalco FINE, GERALD 16091 Blatt Blvd. #401 STREET ADDRESS 16051 BLATT BLVD, #301 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP Ft. Lauderdale, FL 33326 TILLE ☐ Delete Change **Addition** Manny Goren SCHILLER, LORI NAME 16091 Blatt Blvd. #401 16091 BLATT BLVD #2-101 STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33326 CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP ☐ Change TITLE TX Addition TITLE Delete Marshall Bergson WEITZMAN, BENTLEY NAME 16171 Blatt Blvd #313 3350 CARRIAGEWAY DRIVE #214 STREET ADDRESS STREET ADORESS Ft. Lauderdale, FL 33326 ARLINGTON HEIGHTS, IL 60004 CITY-ST-ZIP CITY-ST-7IP (X) Change ☐ Addition TITLE TIME Delete Gilbert Van Nostrand MASS, THEODORE 16091 Blatt Blvd. #201 16141 BLATT BLVD, #3-201 STREET ADORESS STREET ADDRESS Ft. Lauderdale, FL 33326 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 all other like empowered.

SIGNATURE:

-25-06

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

DOCUMENT # 757000  1. Entity Name FAIRWAYS AT BONAVENTURE CONDOMINIUM ASSOCIATION, INC.				ATTACHMENT			
Principal Place of Business Mailing Addres C/O D.C.I. C/O D.C.I. 2035 HARDING ST 2035 HARDIN HOLLYWOOD, FL 33020 HOLLYWOOD,			0	40075	5967		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172006 Chg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-2107197	<del>  -   -  </del>	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed   \$8.75 Add Fee Require		
	6. Name and Address of Current Registered Agent			7. Name and Address of New	w Registered Agent		
DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	IDREW MEYROWITZ OOD, FL 33020		<u> </u>			<u> </u>	
			City		FL Zip Cod	le	
The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.				tered agent, or both, in the State of	f Florida. I am familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees	Make check payable t lorida Department of S		
10,			11.	ADDITIONS/CHANGES TO OFFI			
NAME	VPD W Deli			91-Blatt Blvd #21		☐ Addition	
STREET ADDRESS CITY-ST-ZIP	16051 BLATT BLVD, #1-406 WESTON, FL 33326		STREET ADDRESS Ft.	Lauderdale, FL 3	3326		
TITLE	Р	Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS	WAIKSNIS, MICHAEL 16091 BLATT BLVD #312		NAME STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	☐ Delete	CITY-ST-ZIP		Change	☐ Addition	
NAME	FINE, GERALD	L Delicie	NAME		L_visingo	☐ unation	
STREET ADDRESS CITY-ST-ZIP	16051 BLATT BLVD, #301 WESTON, FL 33326		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	SD SCHILLER, LORI	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS	16091 BLATT BLVD #2-101		STREET ADDRESS				
TITLE	D WESTON, FL 33326	Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS	WEITZMAN, BENTLEY 3350 CARRIAGEWAY DRIVE #21	14	NAME STREET ADDRESS				
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004	4	CITY-ST-ZIP			en engan	
NAME	D MASS, THEODORE	Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	16141 BLATT BLVD, #3-201 WESTON, FL 33326		STREET ADDRESS 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 affect 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 any bodyless, with all pother like single-week.							
of the cor	rporation or the receiver or trustee empoy	ith all other like inpowered.	as required by Chapter o	17, Florida Statules; and that my n	ame appears in block to o	, 0.00	
of the cor	rporation or the receiver or trustee empor , or on an attachment with an address, w	wered to execute this report a with all other like empowered.	as required by chapter o	4-24-06	and appears in Diock to 0	, 3,000	