FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769801** **(2)**

1. Corporation Name

VILLAS OF BONAVENTURE AT BONAVENTURE 23 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
443 LAKEVIEW DR #4 FT LAUDERDALE FL 33326 US	443 LAKEVIEW DR #4 FT LAUDERDALE FL 33326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1983
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2532580 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW
C/O DCI
2901 SIMMS ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4/5/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VP	☒ Change ☐ Addition
NAME	~~LANGFORD, CRAIG~~	12 NAME	STERN, JACK	
STREET ADDRESS	~~443 LAKEVIEW DR #1~~	13 STREET ADDRESS	447 LAKEVIEW DR #3	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	14 CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	~~PUGLIESE, ESTHER~~	22 NAME	SCISM, MARION	
STREET ADDRESS	~~450 LAKEVIEW DR #1~~	23 STREET ADDRESS	445 LAKEVIEW DR #3	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	24 CITY-ST-ZIP	~~FT LAUDERDALE, FL~~	
TITLE	SD	31 TITLE	VD	☒ Change ☐ Addition
NAME	~~GREEN, BEVERLY~~	32 NAME	DAVIS, DIANE	
STREET ADDRESS	~~449 LAKEVIEW DRIVE #3~~	33 STREET ADDRESS	455 LAKEVIEW DR #1	
CITY-ST-ZIP	~~FORT LAUDERDALE FL~~	34 CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	ZUCKERMAN, WILLIAM	42 NAME		
STREET ADDRESS	443 LAKEVIEW DR #4	43 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	VIRGINIA, POTTER	52 NAME		
STREET ADDRESS	445 LAKENIEW DR #4	53 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Stern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010400