**FILE NOW: FILING FEE IS $61.25**

FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # 769801 (2)

1. Corporation Name

VILLAS OF BONAVENTURE AT BONAVENTURE 23 CONDOMIN IUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6047 KIMBERLY BLVD<br>SUITE N<br>N. LAUDERDALE FL 33068<br>US | 6047 KIMBERLY BLVD<br>SUITE N<br>N. LAUDERDALE FL 33068<br>US |

3. Date Incorporated or Qualified: 08/11/1983

4. FEI Number: 59-2532580 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

BERKHEIMER, EDWARD
6047 KIMBERLY BLVD
SUITE N
N. LAUDERDALE FL 33068

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GREEN, BEVERLY | | 1.2 NAME | |
| STREET ADDRESS | 449 LAKEVIEW DR., #3 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 1.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MANTIONE, ANGELO | | 2.2 NAME | |
| STREET ADDRESS | 453 LAKEVIEW DR., #3 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAJDU, SHIRLEY | | 3.2 NAME | |
| STREET ADDRESS | 451 LAKEVIEW DR #4 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33326 | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BER, BARBARA | | 4.2 NAME | |
| STREET ADDRESS | 451 LAKEVIEW DR., #3 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 4.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCISM, MARION | | 5.2 NAME | |
| STREET ADDRESS | 445 LAKEVIEW DR., #3 | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** BEVERLY GREEN Beverly Green 3-10-98 954-389-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #