# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Apr 03, 2001 8:00 am**
**Secretary of State**
03-12-2001 90459 009 ****61.25

DOCUMENT # 769801

1. Entity Name

VILLAS OF BONAVENTURE AT BONAVENTURE 23 CONDOMIN

| 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 |

JJ0J3

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BERKHEIMER, EDWARD<br>6047 KIMBERLY BLVD<br>SUITE N<br>N. LAUDERDALE FL 33068 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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.

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

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>GREEN, BEVERLY<br>449 LAKEVIEW DR., #3<br>FT LAUDERDALE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>Dewella M. Markland<br>451 Lakeview Dr. Apt#4<br>Weston, F. 33326 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>MANTIONE, ANGELO<br>453 LAKEVIEW DR., #3<br>FT LAUDERDALE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec/D<br>Toaye Gerber<br>445 Lakeview Dr. Apt#6<br>Weston, Fl, 33326 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ERHARDT, ERIC<br>445 LAKEVIEW DR #1<br>WESTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SCISM, MARION<br>445 LAKEVIEW DR., #3<br>FT LAUDERDALE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. 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 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 an address, with all other like empowered.

**SIGNATURE:** X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #