2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90032 040 ****61.25

DOCUMENT # 769801

1. Entity Name
VILLAS OF BONAVENTURE AT BONAVENTURE 23 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DRIVE #405 CORAL SPRINGS, FL 33065 US	3300 UNIVERSITY DRIVE #405 CORAL SPRINGS, FL 33065 US

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
13460 SW 10 St.	13460 SW 10 St
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33027 Country: US	Zip: 33027 Country: US

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
UNITED COMMUNITY MANAGEMENT CORP. 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS, FL 33065	Name: Charles W. Davis Street Address (P.O. Box Number is Not Acceptable): 13460 SW 10 St, Suite 101 City: Pembroke Pines FL Zip Code: 33027

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 X Charles W Davis 1/13/2004
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARKLAND, DEWELLA M 451 LAKEVIEW DR. APT #4 FORT LAUDERDALE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARKLAND, DEWELLA M 451 LAKEVIEW DR #4 WESTON, FL 33326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCISM, MARION 445 LAKEVIEW DR., #3 FT LAUDERDALE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCISM, MARION 445 LAKEVIEW DR #3 WESTON, FL 33326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WINNIE, DANIEL 447 LAKEVIEW DRIVE #5 WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAUFFMAN, JYLL 453 LAKEVIEW DR. #2 WESTON, FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINDO, MARILYN 449 LAKEVIEW DR. #2 WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MIDLICK, CARMEN 451 LAKEVIEW DR #3 WESTON, FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUMACHER, JERROLD D. 451 LAKEVIEW DR. #1 WESTON, FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Dewella M Markland, Pres. DEWELLA M. MARKLAND 1/30/2004 (954) 436-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #