2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90139 046 ****61.25

DOCUMENT # 769801

1. Entity Name

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

Principal Place of Business	Mailing Address
~~6047 KIMBERLY BLVD~~ ~~SUITE N~~ ~~N. LAUDERDALE FL 33068~~ US	~~6047 KIMBERLY BLVD~~ ~~SUITE N~~ ~~N. LAUDERDALE FL 33068~~ ~~US~~

2. Principal Place of Business	3. Mailing Address
City, Apt. #, etc. UNITED COMMUNITY MANAGEMENT CORP. ~~3300 UNIVERSITY DRIVE # 405~~ City & State CORAL SPRINGS, FL 33065	Suite, Apt. #, etc. UNITED COMMUNITY MANAGEMENT CORP. ~~3300 UNIVERSITY DRIVE # 405~~ City & State CORAL SPRINGS, FL 33065
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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~~ ~~6047 KIMBERLY BLVD~~ ~~SUITE N~~ ~~N LAUDERDALE FL 33068~~	Name Street Address (P.O. Box Number is Not Acceptable) ~~UNITED COMMUNITY MANAGEMENT CORP.~~ 3300 UNIVERSITY DRIVE # 405 CORAL SPRINGS, FL 33065 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE UNITED COMMUNITY MGT CORP [signature] 3/13/03
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 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~~ Weston, Fl. 33326	☐ Delete	SD Marilyn Lindo 449 Lakeview Dr. #2 Weston, Fl. 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERBER, TOBYE 455 LAKEVIEW DR. APT # 6 FORT LAUDERDALE FL 33326	☑ Delete	ST Jill Kaufman 453 Lakeview Dr #2 Weston, Fl. 33326	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STERN, JACK 445 LAKEVIEW DR #1 WESTON FL 33326	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCISM, MARION 445 LAKEVIEW DR., #3 ~~FT LAUDERDALE FL~~ Weston, Fl. 33326	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ D WINNIE, DANIEL 447 LAKEVIEW DRIVE #5 WESTON FL 33326	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: ~~Dewella M Markland~~ 3/13/03 954-331-7408