


FILED
May 01, 2007 8:00 am
Secretary of State

4005000 -

DOCUMENT # N20841				05-01-2007 90047 037 ****61.25	
1. Entity Name GREENS EDGE OF BONAVENTURE TRACT 26 HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11530 ST. ROAD 84 DAVIE, FL 33325 US			Mailing Address P.O. BOX 551390 DAVIE, FL 33325 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEST BROWARD PROPERTY MGMT. 11530 STATE ROAD 84 DAVIE, FL 33325			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T VANARLTEN, BILL 16658 BLATT BLVD #95 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VANAALTEN, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16658 BLATT BLVD #95 WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOSCHIAVO, MARILYN 16684 BLATT BLVD #57 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGAST, ANTHONY 16606 BLATT BLVD #86 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, BEVERLY 16666 BLATT BLVD #62 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZALCBERG, SAM 16640 BLATT BLVD #90 WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGULIES, JEFF <input type="checkbox"/> Change <input type="checkbox"/> Addition 16624 BLATT BLVD #73 WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Marilyn A. Loschiano</u> M.A. Loschiano 4/17/07 954-384-22					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					