FILE NOW: FILING FEE IS $61.25

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Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000006342 (7)**

1. Corporation Name
BONITA GOLF VIEW TOWNVILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LEONARD BRITO, ESQ. 8005 N.W. 155th St. Miami, FL 33016	LEONARD BRITO, ESQ. 8005 N.W. 155th St. Miami, FL 33016

3. Date Incorporated or Qualified: 12/13/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: [X] Applied For [ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

LEONARDO F. BRITA, P.A.
7913 NW 2ND STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: LEONARDO F. BRITO, P.A.
82 Street Address (P.O. Box Number Is Not Acceptable): 8005 N.W. 155 STREET
83: SUITE B
84 City: MIAMI **FL** 85 Zip Code: 33016

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: Leonardo F. Brito, P.A., Registered Agent — DATE: 5-15-97
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	PD	[✓] Change [ ] Addition
NAME	~~MERUELO, HOMERO~~		1.2 NAME	LEO BELLON	
STREET ADDRESS	~~13615 S.W. 91 STREET~~		1.3 STREET ADDRESS	13200 SW. 128 St. Edif. B	
CITY-ST-ZIP	~~MIAMI FL 33126~~		1.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VSTD	[✓] DELETE	2.1 TITLE	SD	[✓] Change [ ] Addition
NAME	VALDES, JACQUELINE H		2.2 NAME	JAQUELINE HERNANDEZ	
STREET ADDRESS	12615 S.W. 91 STREET		2.3 STREET ADDRESS	12615 SW. 91 St.	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	MIAMI FL. 33126	
TITLE	SD	[✓] DELETE	3.1 TITLE	D	[✓] Change [ ] Addition
NAME	~~DORTA, GONZALO R ESQ~~		3.2 NAME	MARIO ROIZ	
STREET ADDRESS	~~13615 S.W. 91 STREET~~		3.3 STREET ADDRESS	7913 N.W. 2 St.	
CITY-ST-ZIP	~~MIAMI FL 33126~~		3.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (9/96)

14. I do 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.