2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State
07-03-2006 90001 039 ****61.25

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1. Entity Name
BONITA GOLF VIEW TOWNVILLAS STAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17370 NW 69TH CT MIAMI, FL 33016 US	11936 SW 8TH ST MIAMI, FL 33184 US

2. Principal Place of Business	3. Mailing Address
6970 NW 174 Terr.	
Suite, Apt. #, etc. # 401	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33015 Country US	Zip Country

04072006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0850469
☐ 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
GONZALEZ, JESUS R 11936 SW 8TH STREET MIAMI, FL 33184	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 _____
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, 2006

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	TD RUIZ JURADO, MARIA T 17370 NW 69TH CT, STE 307 MIAMI, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARUZ, JULIO 6970 NW 174 Terr. Unit 401 MIAMI, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACOSTA, ELIO 17370 NW 69TH CT, STE 305 MIAMI, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ACOSTA, ALBA 17370 NW 69 CT Unit 305 MIAMI, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ORTIZ, MIRIAM M 6950 NW 174TH TERRACE, #602 MIAMI, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HERNANDEZ Antonio 17350 NW 69 CT Unit 102 MIAMI, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRITZ, WILMAR 6960 NW 174TH TERRACE, #709 MIAMI, FL 33015	☒ 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	D RUIZ JURADO, MARIA T 17370 NW 69th CT, STE 307 MIAMI, FL 33015	☒ 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #