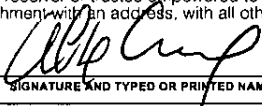


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N96000006342 1. Entity Name BONITA GOLF VIEW TOWNVILLAS STAGE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6970 NW 174TH TERRACE SUITE 401 MIAMI, FL 33015 US			Mailing Address 11936 SW 8TH ST MIAMI, FL 33184 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0850469	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JESUS R 11936 SW 8TH STREET MIAMI, FL 33184			7. Name and Address of New Registered Agent 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, 2008		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	P ACOSTA, ALBA 17370 NW 69 CT UNIT 305 MIAMI, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FRITZ, WILMAR 6960 NW 174 TERR. UNIT 709 MIAMI, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HERNANDEZ, ANTONIO 17350 NW 69TH CT UNIT 102 MIAMI, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RUIZ GURADO, MARIA T. 17370 NW 69TH CT SUITE 307 MIAMI, FL 33015	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
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:  3/26/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

