2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N96000006342

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

Current Principal Place of Business:

17370 NW 69 CT #305
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

FLORIDA PROPERTY MANAGEMENT
5979 NW 151 ST STE 101
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0850469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YOUNG, ANGELICA ESQ
5901 SW 74 S # 300
S MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACOSTA, ALBA
Address: 17370 NW 69 CT UNIT 305
City-St-Zip: MIAMI, FL 33015

Title: TD ( ) Delete
Name: FRITZ, WILMAR
Address: 6960 NW 174 TERR. UNIT 709
City-St-Zip: MIAMI, FL 33015

Title: SD ( ) Delete
Name: HERNANDEZ, ANTONIO
Address: 17350 NW 69TH CT UNIT 102
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: RUIZ SURADO, MARIA T
Address: 17370 NW 69TH CT SUITE 307
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBA ACOSTA P 06/23/2009

Electronic Signature of Signing Officer or Director — Date