

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:59

DOCUMENT # 723466 (9)

1. Corporation Name

BONA VISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2901 SIMMS STREET
HOLLYWOOD FL 33020

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HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1972	3a. Date of Last Report 02/07/1994
4. FEI Number 13-2753711	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVELOPMENT CONSULTANTS INC.
2901 SIMMS STREET
HOLLYWOOD FL 33020**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LAZARUS, LESTER	1.2 NAME	
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	HYMAN, BRODSKY	2.2 NAME	
STREET ADDRESS	3375 N COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, LEW	3.2 NAME	
STREET ADDRESS	3375 N COUNTRY CLUB DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	MUTTERPEARL, LEO	4.2 NAME	
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	BAIDA, ARTHUR	5.2 NAME	
STREET ADDRESS	3375 N COUNTRY CLUB DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MARKS, MONTAE G.	6.2 NAME	
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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.

SIGNATURE:

Hyman Brodsky
Hyman Brodsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95
Date

(305) 931-4952
Daytime Phone