FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 740165 (6)

1. Corporation Name

VILLAS OF BONAVENTURE AT BONAVENTURE 40 WEST CON DOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
NORDE MANAGEMENT CORP. 6047 KIMBERLY BLVD., SUITE N N. LAUDERDALE FL 33068	NORDE MANAGEMENT CORP. 6047 KIMBERLY BLVD., SUITE N N. LAUDERDALE FL 33068

3. Date Incorporated or Qualified: 09/16/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1913631 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

NORDE MANAGEMENT CORP.
6047 KIMBERLY BLVD.
SUITE N
N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name: BUDCO MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable): 16614 SADDLE CLUB RD
83:
84 City: FT LAUDERDALE FL 85 Zip Code: 33326

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: William P. Adams, BUDCO MANAGEMENT VICE PRESIDENT 3/21/96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	SECY	☐ Change ☒ Addition
NAME	HEILIG, BEA		12 NAME	NATHAN SHAPIRO	
STREET ADDRESS	307 IVY LN		13 STREET ADDRESS	339 IVY LANE	
CITY-ST-ZIP	FT LAUDERDALE FL		14 CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	☐ DELETE	21 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	GOLDSTEIN, HARRY		22 NAME	PATRICIA SCHILLER	
STREET ADDRESS	383 IVY LN		23 STREET ADDRESS	315 IVY LANE	
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	PD	☒ DELETE	31 TITLE	P	☒ Change ☐ Addition
NAME	SEGAL, HAROLD		32 NAME	SEGAL, HAROLD	
STREET ADDRESS	351 IVY LN		33 STREET ADDRESS	351 IVY LN	
CITY-ST-ZIP	FT LAUDERDALE FL		34 CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BABITZ, BEN		42 NAME		
STREET ADDRESS	16355 CAMMI LANE		43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		44 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FREIDMAN, MARSHALL		52 NAME		
STREET ADDRESS	363 IVY LANE		53 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		54 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BERKOWITZ, DEBORAH		62 NAME		
STREET ADDRESS	303 IVY LN		63 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		64 CITY-ST-ZIP		

FLORIDA PROFIT
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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)(k), 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: Marshall A. Freedman 3-7-96 305 384-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)