FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 TOCUMENT # 749674

1. Corporation Name

THE GARDENS AT BONAVENTURE 14 WEST CONDOMINIUM A SSOCIATION INC.

SSOCIATION INC.	
Principal Place of Business	Mailing Address
C/O UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 US	C/O UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 US
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED
Mar 16, 1999 8:00 am §
Secretary of State

03-16-1999 90065 010 ****61.25



3. Date Incorporated or Qualifed 11/06/1979

4. FEI Number

59-1978676

City & State		City & State		5. Certifcate of Status Desired	A6./3 Additional				
:3	28						Fee Req	uirea	
Zip	Country	Zip	Country		6. Election Campaign Financing	П	\$5.00 N		
24	25	29 30	<u>) </u>		Trust Fund Contribution Added to Fees				
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Re	igistered A	igent		
			81	Name				. 1	
UNITED C	OMMUNITY MGT. CORP		82	Street A	ddress (P.O. Box Number is Not Acceptate	ole)			
	/ DRIVE #405		<u> </u>				<u> </u>		
CORAL SPRINGS FL 33065			83	83					
			84	Citv			85 Zip Co	ode	
				,	<u> </u>	<u> </u>			
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was auth	iorized by	the corpo	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of o the appoin	thanging its natural its ment as regional in the contract as regions.	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable /NOTE: Re	nistered Agen	t skonature re	quired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTOR	RS IN 12	
TITLE	VD				D . A acablia		Change	⚠ Addition	
NAME	,-		1.2 NAME		charles Laughin	1543	ለማ		
STREET ADDRESS				ADDRESS	Charles Laughlin 16581 Blatt Blud. L	in z	.02_	ĺ	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326 14C				Ft. Laud. , F1. 3332	<u>φ_</u>	<u></u>		
TITLE	PD	DELETE 2.11		7		•	Change	Addition	
NAME	MARKSBERRY, LARRY		2.2 NAME						
STREET ADDRESS	16561 BLATT BLVD #204		2.3 STREET	ADDRESS	•				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE	SD	▼ OELETE	3.1 TITLE				Change	Addition	
NAME	BOMSE, MERI 3.2 N		3.2 NAME	1					
STREET ADDRESS	16571 BLATT BLVD #203		3.3 STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33326 34.0			T-ZIP	<u> </u>				
TITLE	TD	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	HARMS, KAREN		4. 2 NAME						
STREET ADDRESS		4.3 S		ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33326			T-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE				Change	Addition !	
NAME	DANNERY, ROGER		5.2 NAME						
STREET ADDRESS			5.3 STREET	Į.					
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		5.4 CITY-S	T-ZIP	·		[](h	D Addition	
TITLE	D	☐ DELETE	6.1 TITLE	ĺ	•		Change	Addition	
NAME	PETESKY, JOAN		6.2 NAME					ı	
STREET ADDRESS			6.3 STREET	ł					
CITY+ST-ZIP	FT. LAUDERDALE FL 33326		6.4 CITY-S			7 at	0E - N 2 - 0 2	f= = = 37	
14. I hereby	certify that the information supplied with	this filing does not qualify for th	ne exempt	on stated	in Section 119.07(3)(i), Florida Statutes. I	further cert	ity that the in	ronnation	

In hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 adachment with an address, with all other like empowered.

NATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

<u> 3-5-99</u>

954-389-1600 Dayling Phone # (ZEU37 (11/98)

Applied For

Not Applicable