2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0001238

05-01-2001 90125 023 ****61.25

DOCUMENT # 723466

1. Entity Name

BONA VISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2035 Harding Street
~~2901 SIMMS STREET~~
HOLLYWOOD FL 33020

Mailing Address
2035 Harding Street
~~2901 SIMMS STREET~~
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 13-2753711 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS INC.
~~2901 SIMMS STREET~~ 2035 Harding Street
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: ANDREW MEYROWITZ C/O DCI
Street Address (P.O. Box Number is Not Acceptable): 2035 HARDING ST SUITE 200
City: HOLLYWOOD, FL 33020
State: 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	STEIN, KENNETH	NAME	George Lopez
STREET ADDRESS	3375 N COUNTRY CLUB DR	STREET ADDRESS	3375 N. Country Club Dr. #303
CITY-ST-ZIP	MAIMI FL	CITY-ST-ZIP	Aventura, Fl 33180
TITLE	SD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	GREENE, LEW	NAME	Pearl Saville
STREET ADDRESS	3375 N COUNTRY CLUB DR	STREET ADDRESS	3375 N. Country Club Dr. #508
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	Aventura, Fl 33180
TITLE	T ☒ Delete	TITLE	T ☐ Change ☒ Addition
NAME	SAVILLE, PEARL G	NAME	Hyman Brodsky
STREET ADDRESS	3375 NORTH COUNTRY CLUB DRIVE	STREET ADDRESS	3375 N Country Club Dr. #309
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Aventura, Fl 33180
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BAIDA, ARTHUR	NAME	Mitchell Jacobs
STREET ADDRESS	3375 N COUNTRY CLUB DR	STREET ADDRESS	3375 N Country Club Dr. #407
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Aventura Fl, 33180
TITLE	VP ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	LOPEZ, GEORGE	NAME	Monroe Marks
STREET ADDRESS	3375 N COUNTRY CLUB DR	STREET ADDRESS	3375 N Country Club Dr. #1009
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Aventura Fl, 33180
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	LEVY, ISAAC	NAME	Arnold Rinker
STREET ADDRESS	3375 N COUNTRY CLUB DR	STREET ADDRESS	3375 N Country Club Dr. #1604
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Aventura, Fl 33180

12. I 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 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: _____ 4/10/01 305 9325597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723466

1. Entity Name

Bona Vista Condominium Association, Inc

Attachment
#723466
D00045228

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lew Greene 3375 N. Country Club Dr. #1505 Aventura Fl, 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)