

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90090 024 ****61.25

DOCUMENT # 740165

1. Entity Name

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

Principal Place of Business

**WEST BROWARD PROP MGMT
 11530 STATE RD 84
 DAVIE FL 33325
 US**

Mailing Address

**WEST BROWARD PROP MGMT
 11530 STATE RD 84
 DAVIE FL 33325
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1913631**

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

**WEST BROWARD PROPERTY MANAGEMENT
 11530 STATE RD 84
 DAVIE FL 33325**

WEST BROWARD COMMUNITY MANAGEMENT
 Street Address (P.O. Box Number is not Acceptable)
11530 STATE ROAD 84
 City **DAVIE** FL Zip Code **33325**

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

SALVATORE FIORE, PRES. 2-10-02

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	TD SCHILLER, PATRICIA 315 IVY LANE WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIMER, STEVE 391 IVY LANE #1 WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFER, ALLAN 327 IVY LANE #14 FORT LAUDERDALE FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, ROBIN 16351 CAMMI LANE FT. LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BABITZ, BEN 16355 CAMMI LANE #24 FORT LAUDERDALE FL 33326 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEIMER, STEPHEN 391 IVY LANE WESTON FL 33326 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHILLER, PATRICIA 315 IVY LANE WESTON, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBIN 16351 CAMMI LANE FT. LAUDERDALE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SALVATORE FIORE, PRES. 2-10-02 472-3820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

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