

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723466

1. Entity Name

BONA VISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2035 HARDING STREET  
HOLLYWOOD FL 33020

Mailing Address

2035 HARDING STREET  
HOLLYWOOD FL 33020

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

13-2753711

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

MEYROWITZ, ANDREW

C/O DCI

2035 HARDING STREET STE 200  
HOLLYWOOD FL 33020

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	T	<input type="checkbox"/> Delete
NAME	BRODSKY, HYMAN	
STREET ADDRESS	3375 N COUNTRY CLUB DR #309	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, MITCHELL	
STREET ADDRESS	3375 N COUNTRY CLUB DR #407	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAVILLE, PEARL G	
STREET ADDRESS	3375 N COUNTRY CLUB DR #508	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARKS, MONROE	
STREET ADDRESS	3375 N COUNTRY CLUB DR #1009	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, GEORGE	
STREET ADDRESS	3375 N COUNTRY CLUB DR #303	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINKER, ARNOLD	
STREET ADDRESS	3375 N COUNTRY CLUB DR #1604	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greene, Lew	
STREET ADDRESS	3375 N Country Club Dr #1505	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Golden, Al	
STREET ADDRESS	3375 N Contry Club Dr #708	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91555 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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