

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90007 048 \*\*\*\*61.25

**DOCUMENT # 749674**

1. Entity Name  
**THE GARDENS AT BONAVENTURE 14 WEST  
CONDOMINIUM ASSOCIATION INC,**



Principal Place of Business  
**C/O UNITED COMM MGT CORP  
3300 UNIV DRIVE #405  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**C/O UNITED COMM MGT CORP  
3300 UNIV DRIVE #405  
CORAL SPRINGS, FL 33065 US**

**54026003**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-1978676**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**UNITED COMMUNITY MGT. CORP  
3300 UNIV DRIVE #405  
CORAL SPRINGS, FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DANZA, TOM	
STREET ADDRESS	16571 BLATT BLVD #201	
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARMS, KAREN	
STREET ADDRESS	16571 BLATT BLVD #202	
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETESKY, JOAN	
STREET ADDRESS	16511 BLATT BLVD #206	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OCCHIPINTI, GEORGE	
STREET ADDRESS	16531 BLATT BLVD #205	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Palacio, Felix	
STREET ADDRESS	16501 Blatt Blvd. #102	
CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krass, Anette	
STREET ADDRESS	16571 Blatt Blvd. #105	
CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
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

Date

Daytime Phone #