

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90018 032 \*\*\*\*61.25

**DOCUMENT # 742195**

1. Entity Name  
**VILLAS OF BONAVENTURE AT BONAVENTURE 41  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**11530 ST RD 84  
DAVIE, FL 33325 US**

Mailing Address  
**P.O BOX 551390  
DAVIE, FL 33325 US**

**54037769**



01092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number  
**59-1913102**

Applied For  
☐ Not Applicable

Zip Country

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 MGMT-ANGELA FIORE  
11530 STATE RD 84  
DAVIE, FL 33325**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **GOLDBERG, GEORGE**  
STREET ADDRESS **16175 LAUREL DR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **SWARTZ, ROBERT**  
STREET ADDRESS **16167 LAUREL DR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **BERNSTEIN, DAN**  
STREET ADDRESS **16209 LAUREL DR.**  
CITY-ST-ZIP **FT LAUDERDALE, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **BASSEN, SY**  
STREET ADDRESS **16273 LAUREL DR**  
CITY-ST-ZIP **FT LAUDERDALE, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MARILYN, CITROD**  
STREET ADDRESS **16131 LAUDER DR.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #