

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90441 037 \*\*\*\*61.25

**DOCUMENT # 740165**

1. Entity Name  
**VILLAS OF BONAVENTURE AT BONAVENTURE 40 WEST  
CONDOMINIUM 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**

**50016088**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-NP

CR2E037 (11/05)

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

**WEST BROWARD COMMUNITY MANAGEMENT  
11530 STATE RD 84  
DAVIE, FL 33325**

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, 2006**

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	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MARSHALL	
STREET ADDRESS	363 IVY LANE #7	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELD, KAREN W	
STREET ADDRESS	301 IVY LANE # 19	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAUFER, ALLAN	
STREET ADDRESS	327 IVY LANE #14	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, ROBIN	
STREET ADDRESS	16351 CAMMI LANE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HELIG, BEATRICE	
STREET ADDRESS	307 IVY LN	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALIZO, GOLZEDER	
STREET ADDRESS	16353 CAMMI LANE	
CITY-ST-ZIP	WESTON, FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MARSHALL	
STREET ADDRESS	363 IVY LANE #7	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIMER, STEPHEN J	
STREET ADDRESS	391 IVY LANE #1	
CITY-ST-ZIP	WESTON 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 exemptions contained in Chapter 119, 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 #

4/18/06

954-472-3820