

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90086 046 ****61.25

DOCUMENT # 769803

1. Entity Name
**VILLAS OF BONAVENTURE AT BONAVENTURE 25
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**CCM, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321**

Mailing Address
**%CCM, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2476916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILES, JAMES R
CONSOLIDATED COMMUNITY MANAGEMENT, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name **David Schottenfeld PA**
Street Address (P.O. Box Number is Not Acceptable)
7500 NW 5th Street
Suite 203
City **Plantation, FL** Zip Code **33317**

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

David J. Schottenfeld

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	METZGER, ROBERT	
STREET ADDRESS	679 RACQUET CLUB RD. #1	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESENT, HELEN	
STREET ADDRESS	693 RACQUET CLUB RD. #3	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MENNELLA, JOSEPH	
STREET ADDRESS	679 RACQUET CLUB RD. #3	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POZEN, JERRY	
STREET ADDRESS	693 RACQUET CLUB RD. #4	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESENT, HELEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESENT, HELEN	
STREET ADDRESS	693 RACQUET CLUB RD #3	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZEN JERRY	
STREET ADDRESS	693 RACQUET CLUB RD #4	
CITY-ST-ZIP	FT LAUDERDALE FL	
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:

Robert Metzger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

Date

(954) 384 7752

Daytime Phone #