## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT #742195  1. Entity Name VILLAS OF BONAVENTURE AT BONAVENTUR CONDOMINIUM ASSOCIATION, INC.			41		No.	05-05-2008 9	90231 020 ****61	1.25
Principal Plac 11530 ST RI DAVIE, FL 3	D 84	Mailing Address P.O BOX 551: DAVIE, FL 33	390					
Principal Place of Business - No P.O. Box #     3. Ma			Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Chg-NP	CR2E037 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-19131	102	ļ	oplied For ot Applicable
Zip	Country	Zip	Co	ountry	5. Certificate of	Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent	· · · ·		7. Name and A	ddress of New R	legistered Agent	
WEST BROWARD COMMUNITY MGMT. ANGELA F								
11530 STATE RD 84 DAVIE, FL 33325					s (P.O. Box Number i	s Not Acceptable	ə) 	
				City			FL Zíp Cod	е
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the						in the State of Flo		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								
	Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: Register	rad Ageni signalura raqui	red when reinstating)		DATE	
	Filling Fee Is \$61.25 Due by May 1, 2008	9. Ele	(NOTE: Register ection Campaign ust Fund Contribu	Financing	\$5.00 May Be Added to Fees		DATE lake check payable to ida Department of Si	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Ele Tra	ection Campaign	Financing Ition,	\$5.00 May Be Added to Fees	Flor	lake check payable to	tate
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12. Thereby certify that the information supplied with this tiling 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 deceiver 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:

D THE DESCRIPTION OF SIGNING OFFICER OR DIRECTOR

DERNSTEIN 5

108 95

954-472-38

Daylime Phone #