

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 15, 2009
Secretary of State

DOCUMENT# 723466

Entity Name: BONA VISTA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3375 N COUNTRY CLUB DR
AVENTURA, FL 33180**New Principal Place of Business:****Current Mailing Address:**396 ALHAMBRA CIRCLE
SUITE 230
MIAMI, FL 33134 US**New Mailing Address:****FEI Number:** 13-2753711**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GLAZER AND ASSOCIATES, P.A.
ONE EMERALD PLACE
3113 STIRLING RD 2ND FLOOR
HOLLYWOOD, FL 33312 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARTELS, GREGG
Address: 3375 N COUNTRY CLUB DRIVE, SUITE #1502
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: WARD, CARYN
Address: 3375 N COUNTRY CLUB DRIVE, SUITE #305
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: GERBER, CHERYL
Address: 3375 N COUNTRY CLUB DR #1504
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: ROSENTHAL, MARVIN
Address: 3375 N COUNTRY CLUB DR #502
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: VIVIAN, BARBARA
Address: 3375 N. COUNTRY CLUB DR # 906
City-St-Zip: AVENTURA, FL 33180 US

Title: D () Change (X) Addition
Name: ROSENTHAL, JERI
Address: 3375 N COUNTRY CLUB DR #1604
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGG BARTELS

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date