

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757000

FILED
Apr 15, 2013
Secretary of State
CC4201807715

Entity Name: FAIRWAYS AT BONAVENTURE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317

FEI Number: 59-2107197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIORE, ANGELA
% WEST BROWARD COMMUNITY MANAGEMENT, INC.
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

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

Officer/Director Detail :

Title P
Name SCHILLER, LORI
Address 16091 BLATT BLVD #2-201
City-State-Zip: WESTON FL 33326

Title VP
Name CROMPTON, ANNE
Address 16141 BLATT BLVD. #3-407
City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name LORENZO, FRANK
Address 16091 BLATT BLVD. #111
City-State-Zip: WESTON FL 33326

Title ST
Name MANISCALCO, RICHARD
Address 16141 BLAIT BLVD. #3-304
City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name LEMARIER, PATRICIA
Address 16091 BLATT BLVD #307
City-State-Zip: WESTON FL 33326

I hereby 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 all other like empowered.

SIGNATURE: LORI SCHILLER

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date