

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 241420

Entity Name: BONNIE VILLA APTS INC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

2000 BUCHANAN ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

3 WALNUT S
ASSONET, MA 02702 US

New Mailing Address:

3 WALNUT ST.
ASSONET, MA 02702 US

FEI Number: 59-1003385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAROW, CLIFFORD
2000 BUCHANAN ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SHAROW, MICHAEL
2000 BUCHANAN ST
APT #11
HOLLYWOOD, FL 33020 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: MICHAEL SHAROW

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PELLETIER, JEAN
Address: 2000 BUCHANAN STREET APT #31
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD () Delete
Name: PELLETIER, PAUL
Address: 2000 BUCHANAN ST, # 31
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD () Delete
Name: PETERSON, ESTHER K
Address: 2000 BUCHANAN STREET APT 30
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: LOPEZ, SALVATORE
Address: 2000 BUCHANAN ST, APT 29
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPD () Delete
Name: KUMPREY, HERTA
Address: 2000 BUCHANAN STREET #28
City-St-Zip: HOLLYWOOD, FL 33020

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R PELLETIER

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date