2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 719810

Entity Name: BONAVENTURE TOWN HOUSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

301 BONAVENTURE BLVD
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

4800 NORTH STATE RD 7
STE 105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 59-1518518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHOENIX MGMT. SERVICES INC.
4800 N. STATE RD 7
SUITE 105
FORT LAUDERDALE, FL 33319 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:	PD	( ) Delete
Name:	IMMERMAN, HELEN	
Address:	301 BONAVENTURE BLVD	
City-St-Zip:	WESTON, FL 33326	
Title:	VPD	(X) Delete
Name:	EDWARDS, JEAN	
Address:	301 BONAVENTURE RD.	
City-St-Zip:	WESTON, FL 33326	
Title:	TREA	( ) Delete
Name:	SLATER, IIRWIN	
Address:	301 BONAVENTURE BLVD	
City-St-Zip:	WESTON, FL 33326	
Title:	SD	( ) Delete
Name:	FRIEDSTEN, BERNICE	
Address:	301- BONAVENTURE BLVD.	
City-St-Zip:	WESTON, FL 33326	

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:	

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: HELEN IMMERMAN PD 04/23/2009

Electronic Signature of Signing Officer or Director — Date