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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 733439

(4)

TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINUM ASSOCIATION, INC.

	ASSOCIATION, INC.							J PIETE BARBITAN
Principal Place	e of Business	Mailing Address						
8270 STATE DAVIE FL 33 US		C/O WEST BROWARD 8498 STATE ROAD 84 DAVIE FL 33324		MIGMIT INC				
•		DAVID 16 00054			3. Date Incorporated or Qualified		te of Last	•
2 Principal Pi	face of Business	Do Malling Address		***	07/31/1975		04/17/1	1995
21	iace of Dusilless	2a. Mailing Address			4. FEI Number		-	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		****	59-1804290			Not Applicable
City & State	Δ	27 City & State			5. Certificate of Status Desired		,	Additional Required
23		28			6. Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
Ζφ 24	Country 25	Zip	Count	ry	8. This corporation has liability for in			199.032,
.41	9. Name and Address of Curre	29 Anna Ament	30			] Yes □		
		·····- Secretary Wholit	8	1 Name	10. Name and Address of New Ro	Angieted V	gent	
אין ועם	OEE GADY A							
	off, gary a. Tirling Rd.		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable	Θ)		
	DERDALE FL 33312-3525		8:	3				
ווייייייי	DEMOALE FE 33312-3323		<u>_</u>					
			8-	4 City		FL	85 Zij	Code
11. Pursuant t	to the provisions of Sections 617,050	2 and 617.1568, Florida Statuti	es, the above	-named corpo	oration submits this statement for the pure	ose of char	naina its r	egistered office
or registeri familiar wit	red agent, or both, in the State of Flori th, and accept the obligations of Sec	ida. Such change was authoriz	ed by the cor	poration's bo	oration submits this statement for the purp and of directors. I hereby accept the appo	intment as r	egistered	agent. I am
	( ant)	. Tapelers.	AGEN		40 E		del.	10/01
CHAND OF IDE				/ / W	70 E.		-7/1	1/46
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable (NC			ad when reinstating)	DATE	-	777
12.	Signature, typed or printed name of registered agen OFFICERS AN	ID DIRECTORS			ed when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
12.	OFFICERS AN		TE: Registered Ag	ent signature requir		CERS AND	DIRECTO Change	RS IN 12
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Dale

Daytime Phone #

OTYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR