1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 733439**

1. Corporation Name

## TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
11530 ST RD 84
DAVIE FL 33325
us

21

2. Principal Place of Business

Mailing Address

PO BOX 551390 DAVIE FL 33325

2a. Mailing Address

US

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## FILED Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90092 009 \*\*\*\*61.25

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1 188101 (BBSS 11108 1111)	REBER LIEFE IEN BEREI BIRTE	
	#	# C   1   1   1   1   1   1   1   1   1
		MINISTRUMENTAL PROPERTY OF STREET
	# L & # # 1110	- 01 031 010 11 01014 0101 10 01

3. Date Incorporated or Qualifed

07/31/1975

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For		
·		27		59-1804290	Not Applicable		
City & State	9 .	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
23 Zin	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be		
Zip	25	29 30	a	Trust Fund Contribution	Added to Fees		
24	9. Name and Address of Current	<del></del>	L	10. Name and Address of New Registe			
	o. Halle and Address of Contain	Trogramma rigant	81 Name A	MATTILLAN DA MARCODA	PANTY MED		
DOLLANDET CARV A			82 Street A	Address (P.O. Box Number is Not Acceptable)	adj mir		
POLIAKOFF, GARY A.			62 511091	WEST BRAWARD PRAPERTY	MANAGEMENT		
3111 STIRLING RD.			83	TA CTO TO DARA O	7//		
FT.LAUDERDALE FL 33312-3525			//4	30 SIFIE KORD 8	7		
			84 City ()	AVIE	FL 85 Zip Code 33332		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes,	the above-named	corporation submits this statement for the purpo	se of changing its registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered/agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fartile with, and accept the obligations of, Section 617.0503, Florida Statutes.							
agent. i a	m tanyiller with, and accept the dolling the	ons of, section by topos front	MLD		1/2/199		
SIGNATURE	Silenature, typed or printed name of registered agent	and title if applicable. (NOTE: Rex	Istered Agent signature re	equired when reinstating) DA	<del>// // // /</del>		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12		
TITLE	VP	₩ DELETE	1.1 TITLE		Change Addition		
NAME	PUCKETT, CHARLES	,	1.2 NAME		1		
STREET ADDRESS	291 FERN DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	WESTON FL 33326		1.4 CITY-ST-ZIP		<u> </u>		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	GOLDSTONE, RUTH		2.2 NAME				
STREET ADDRESS	444 FERMI DO		2.3 STREET ADDRESS				
CITY-ST-ZIP	WESTON FL 33326		2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	TD	☐ DELETE	3.1 TITLE	D, VP	Change Addition		
NAME	O'CONNER, ABBY		3.2 NAME	· ·	·		
STREET ADDRESS	394 FERN DR		3.3 STREET ADDRESS	,	•		
CiTY-ST-ZIP	WESTON FL 33326		3.4, CITY-ST-ZIP				
TITLE	P	☐ DELETE	4.1 TITLE	<i>P</i>	Change		
NAMÉ	EPSTEIN, PAUL		4, 2 NAME	,	, ,		
STREET ADDRESS	350 FERN DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	WESTON FL 33326		4.4 CITY-ST-ZIP		Chance (Maddition		
TITLE	D	DELETE	5.1 TITLE	DEBS ILVIS	☐ Change Addition		
NAME	DUNN, MICHELLE		5.2 NAME	354 FERN DRIVE	* *		
STREET ADDRESS	295 FERN DR		5.3 STREET ADDRESS	115/701 15 3721			
CITY-ST-ZIP	WESTON FL 33326		5.4 CITY-ST-ZIP	WESTON HE 37276	Change Addition		
TITLE		☐ DELETE	6.1 TITLE	DITERALMANC MARINAL	Change Accompan		
NAME			6.2 NAME	ארטוקוון לבטוווצאא			
STREET ADDRESS				293 FERN DRIVE	,		
CITY OT 71B	1		6.4 CITY-ST-ZIP	INFSTAN, FL 33326			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-1999

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aytime Phone #

22F037 (11/98)