

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733439

1. Entity Name

TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

11530 ST RD 84  
DAVIE FL 33325  
US

Mailing Address

PO BOX 551390  
DAVIE FL 33325  
US

2. Principal Place of Business

541 S. STATE RD 7

3. Mailing Address

541 S. STATE RD 7

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

12

City & State

Margate FL

City & State

Margate FL

4. FEI Number

59-1804290

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MATHEW P  
C/O WEST BROWARD PROPERTY MGMT  
11530 ST RD 84  
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name Kerry Frydman  
Street Address (P.O. Box Number is Not Acceptable)  
Phoenix Management Services INC  
541 S. STATE RD 7 Suite 12  
City Margate FL Zip Code 33068

8. 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 Kerry Frydman Kerry Frydman 5/17/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KITCHENS, ORMAN	
STREET ADDRESS	285 FERN DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORIAS, CISLYN	
STREET ADDRESS	398 FERN DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNER, ABBY	
STREET ADDRESS	394 FERN DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ACKBAR, CISLYN	
STREET ADDRESS	398 FERN DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KITCHENS, ORMAN	
STREET ADDRESS	285 FERN DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Puccino	
STREET ADDRESS	355 Fern Drive	
CITY-ST-ZIP	Weston FL 33326	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosa Orcasita	
STREET ADDRESS	324 Fern Drive	
CITY-ST-ZIP	Weston FL 33326	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Erasmus	
STREET ADDRESS	293 Fern Drive	
CITY-ST-ZIP	Weston FL 33326	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Senen	
STREET ADDRESS	340 Fern Drive	
CITY-ST-ZIP	Weston FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bamy Factor	
STREET ADDRESS	364 Fern Drive	
CITY-ST-ZIP	Weston FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Pazarro	
STREET ADDRESS	332 Fern Drive	
CITY-ST-ZIP	Weston FL 33326	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary A Puccino President 5-1602 319-6472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment



37809

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 22, 2002

TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM AS  
541 S STATE RD 7  
MARGATE, FL 33068 US

Subject: TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM

Reference Number: 733439

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/VS

ANNUAL REPORTS SECTION

RECEIVED  
JUN 27 2002