

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-25-2004 90035 006 ****61.25

DOCUMENT # 733439 1. Entity Name TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 541 S-STRIKE RD 7 12 MARGATE FL 33068 US		Mailing Address 541 S-STRIKE RD 7 12 MARGATE FL 33068 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1804290	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRYDMEN, KERRY C/O PROPERTY-MGMT-SERVICES INC 541 S STATE RD 7 STE 12 MARGATE FL 33068			7. Name and Address of New Registered Agent Name <u>PHOENIX MANAGEMENT SERVICES</u> Street Address (P.O. Box Number is Not Acceptable) <u>4780 N. STATE ROAD 7</u> <u>ATTN: FRANK TACHEA</u> City <u>LAUDERDALE LAKES</u> FL Zip Code <u>33309</u>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Frank Tachea</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUCCINO, MARY ANN 355 FERN DRIVE WESTON FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORCSITA, ROSA 324 FERN DRIVE WESTON FL 33326	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERASMUS, MARILYN 293 FERN DR WESTON FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SENEN, JUDY 340 FERN DRIVE WESTON FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACHOR, BARRY 364 FERN DRIVE WESTON FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZARRO, RICK 332 FERN DRIVE WESTON FL 33326	<input type="checkbox"/> Delete			
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: <u><i>Mary Ann Puccino</i></u> 2-17-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

66406567



MOORE CR2E037 (11/03)