

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90075 017 ****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

20013934



2. Principal Place of Business

3. Mailing Address

4780 N STATE RD 7
Suite, Apt. #, etc.
SUITE E250

4780 N STATE RD 7
Suite, Apt. #, etc.
SUITE E250

02102005 Chg-NP CR2E037 (10/03)

City & State
LAUDERDALE LAKES, FL

City & State
LAUDERDALE LAKES, FL

4. FEI Number
59-1804290

Applied For
Not Applicable

Zip
33319

Country
USA

Zip
33319

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHOENIX MANAGEMENT SERVICES
4780 N. STATE ROAD 7
ATTN: FRANK TACHER
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PUCCINO, MARY ANN	
STREET ADDRESS	355 FERN DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ORCSITA, ROSA	
STREET ADDRESS	324 FERN DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ERASMUS, MARILYN	
STREET ADDRESS	293 FERN DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SENE, JUDY	
STREET ADDRESS	340 FERN DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	FACHOR, BARRY	
STREET ADDRESS	364 FERN DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAZARRO, RICK	
STREET ADDRESS	332 FERN DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORNEY, ROBERT	
STREET ADDRESS	367 FERN DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLASIOLO, MOSHE	
STREET ADDRESS	1636 FERN DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Dorney Pres

2/12/05 954-817-2620