
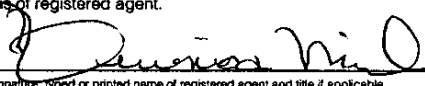
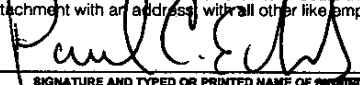


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90039 029 ****61.25

DOCUMENT # 733439 1. Entity Name TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4780 N STATE RD 7 SUITE S250 FORT LAUDERDALE, FL 33319 US		Mailing Address 4780 N STATE RD 7 SUITE S250 FORT LAUDERDALE, FL 33319 US	
2. Principal Place of Business 2045 SW 127 Ave Suite, Apt. #, etc.		3. Mailing Address 2045 SW 127 Ave Suite, Apt. #, etc.	
City & State Davie FL Zip Country 33325 USA		City & State Davie FL Zip Country 33325 USA	
4. FEI Number 59-1804290		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Miele Brothers Management, Inc Street Address (P.O. Box Number is Not Acceptable) 2045 SW 127 Ave City Davie FL Zip Code 33325	
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  DATE 2/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME DEBS, LUIS STREET ADDRESS 354 FERN DRIVE CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE VP NAME Debs, Luis STREET ADDRESS 2045 SW 127 Ave. CITY-ST-ZIP Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GLADIOLA, MOSHE STREET ADDRESS 16367 FERN DR CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE T NAME Moshe, Gladiola STREET ADDRESS 2045 SW 127 Ave. CITY-ST-ZIP Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MESA, STELLA STREET ADDRESS 281 FERN DRIVE CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE S NAME Mesa, Stella STREET ADDRESS 2045 SW 127 Ave. CITY-ST-ZIP Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FACHOR, BARRY STREET ADDRESS 364 FERN DRIVE CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE P NAME Echols, Paul STREET ADDRESS 2045 SW 127 Ave. CITY-ST-ZIP Davie, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Paul Echols, president	
DATE 2/24/06		DAYTIME PHONE #	