

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733439

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2045 SW 127 AVE  
DAVIE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

2045 SW 127 AVE  
DAVIE, FL 33325 US

**New Mailing Address:**

**FEI Number:** 59-1804290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLAZER AND ASSOCIATES, P.A.  
3113 STIRLING ROAD  
201  
HOLLYWOOD, FL 33312 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: FOGELSON, BRIAN  
Address: 2045 SW 127 AVE.  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: GLADIOLA, MOSHE  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: P ( ) Delete  
Name: MESA, STELLA  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: SD ( ) Delete  
Name: GARCIA, PATRICIA  
Address: 2045 SW 127 AVE.  
City-St-Zip: DAVIE, FL 33325

Title: VD ( ) Delete  
Name: POWERS, IAN  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FOGELSON, BRIAN  
Address: 2045 SW 127 AVE.  
City-St-Zip: DAVIE, FL 33325

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: POWERS, IAN  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

Title: SD (X) Change ( ) Addition  
Name: FALK, ERIC  
Address: 2045 SW 127 AVE.  
City-St-Zip: DAVIE, FL 33325

Title: TD (X) Change ( ) Addition  
Name: MONTEIRO, HORACIO  
Address: 2045 SW 127 AVE  
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN FOGELSON

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date