

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 23, 2012
Secretary of State

DOCUMENT# 733439

Entity Name: TOWNHOUSE VILLAGE AT BONAVENTURE 40 EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1750 UNIVERSITY DR
#205
CORAL SPRINGS, FL 33071 US**New Principal Place of Business:****Current Mailing Address:**1750 UNIVERSITY DR, 205
CORAL SPRINGS, FL 33071**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:**SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DRIVE
SUITE # 205
CORAL SPRINGS, FL 33071 US**Name and Address of New Registered Agent:**GLAZER & ASSOCIATES, PA
3113 STIRLING ROAD
SUITE # 201
HOLLYWOOD, FL 33312 US

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: GLAZER & ASSOCIATES, PA

04/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: FOGELSON, BRIAN
Address: 2045 SW 127 AVE.
City-St-Zip: DAVIE, FL 33325

Title: PD
Name: POWERS, IAN
Address: 336 FERN DRIVE
City-St-Zip: WESTON, FL 33326

Title: SD
Name: FACTOR, DEBRA
Address: 364 FERN DRIVE
City-St-Zip: WESTON, FL 33326

Title: TD
Name: ACKBAR-MORAIS, CISLYN
Address: 398 FERN DRIVE
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: IAN POWERS

PD

04/23/2012

Electronic Signature of Signing Officer or Director

Date