2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 15, 2006 8:00 am Secretary of State **DOCUMENT # 736727** 1. Entity Name 08-15-2006 90001 013 ****61.25 BONA FORTUNA CONDOMINIUM APTS., INC. Principal Place of Business Mailing Address 1937 JACKSON ST. 1937 JACKSON ST. HOLLYWOOD FL 33020-5003 HOLLYWOOD FL 33020-5003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State 4. FEI Number Applied For City & State 65-0156419 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOANNOU, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1937 JACKSON ST., APT. 204 HOLLYWOOD FL 33020 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 renstating) DATE FILE NOW: FEE, IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE LUCAS, HENRIEA NAME NAME 1937 JACKSON ST #20# STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition YOANNOLA, GEORGE NAME NAME STREET ADDRESS 1937 JACKSON ST #204 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7IP CITY-ST-7IP VD 7171.5 Delete ilité ☐ Change Addition HAJEKEROU, F. NAME NAME STREET ADDRESS 1937 JACKSON ST. STREET ADDRESS Apt-104 HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 7111.6 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eignature 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:

of luca

8-8-06 954

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