FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:16

DOCUMENT # **742195** **(1)**

1. Corporation Name

VILLAS OF BONAVENTURE AT BONAVENTURE 41 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8498 STATE RD 84 DAVIE FL 33324	8498 STATE RD 84 DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1978
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1913102 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8270 STATE ROAD 84	26 8270 STATE ROAD 84
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DAVIE, FLORIDA	28 City & State: DAVIE, FLORIDA
24 Zip: 33324 25 Country: BROWARD	29 Zip: 33324 30 Country: BROWARD

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY
BECKER, POLIAKOFF & STREITFELD
3111 STIRLING RD.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CITRON, MAURICE	1.2 NAME	GROSS, MINDY	
STREET ADDRESS	16131 LAUREL DR.	1.3 STREET ADDRESS	16159 LARUEL DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33326	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	POSSE, HERNANDO	2.2 NAME		
STREET ADDRESS	16137 LAUREL DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	BERENS, NAT	3.2 NAME		
STREET ADDRESS	16269 LAUREL DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BASSEN, SY	4.2 NAME		
STREET ADDRESS	16273 LAUREL DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RUEBENS, NED	5.2 NAME		
STREET ADDRESS	16259 LAUREL DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maurice Citron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010441