

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742195 (1)

1. Corporation Name

VILLAS OF BONAVENTURE AT BONAVENTURE 41 CONDOMIN
IUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8498 STATE RD 84
DAVIE FL 33324

8498 STATE RD 84
DAVIE FL 33324



3. Date Incorporated or Qualified

03/24/1978

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1913102

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ~~DELETE~~
NAME GROSS, MINDY
STREET ADDRESS 16159 LAUREL DRIVE
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Hernando Posse
1.3 STREET ADDRESS 16137 Laurel Dr.
1.4 CITY-ST-ZIP Ft. lauderdale, FL 33326

TITLE D ~~DELETE~~
NAME POSSE, HERNANDO
STREET ADDRESS 16137 LAUREL DRIVE
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Martin Ellis
2.3 STREET ADDRESS 16145 Laurel Dr.
2.4 CITY-ST-ZIP Ft. lauderdale, FL 33326

TITLE DV ☐ DELETE
NAME BERENS, NAT
STREET ADDRESS 16269 LAUREL DR.
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BASSEN, SY
STREET ADDRESS 16273 LAUREL DR
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME RUEBENS, NED
STREET ADDRESS 16259 LAUREL DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Sy Bassen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)