NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 742195

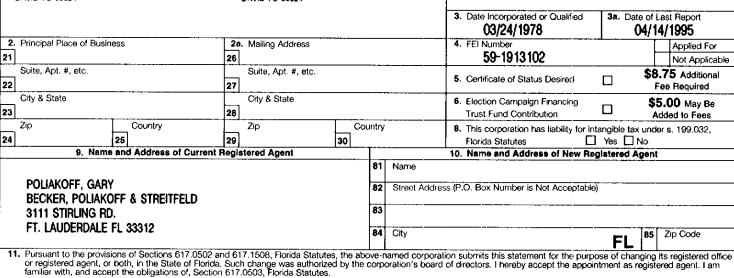
(1)

VILLAS OF BONAVENTURE AT BONAVENTURE 41 CONDOMIN ILIM ASSOCIATION INC

IDIN ADDODIATION, INC.	
Principal Place of Business	Mailing Address

8498 STATE RD 84 DAVIE FL 33324

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SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. NOTE 12. OFFICERS AND DIRECTORS			Registered Agent signature required when reinstaling) DATE		
TITLE	D OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	T	XXDELETE		D ☐ Change XX Addition Hernando Posse	
	GROSS, MINDY		1.2 NAME	16137 laurel Dr.	
STREET ADDRESS	16159 LARUEL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	1000	1.4 City-St-ZiP	Ft. lauderdale, FL 33326	
TITLE	D	X ZDELETE	2 1 TITLE	SD Change XX Addition	
NAME	Posse, Hernando		2.2 NAME	Martin Ellis	
STREET ADDRESS	16137 LAUREL DRIVE		2.3 STREET ADDRESS	16145 Laurel Dr.	
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33326	
TITLE	DV	DELETE	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	[] DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	Bassen, sy		4. 2 NAME		
STREET ADDRESS	16273 LAUREL DR		4.3 STREET ADDRESS		
CHTY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	Z DELETE	51 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		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
!					

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)