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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 333248498 STATE RD 84  
DAVIE FL 33324-45473. Date Incorporated or Qualified  
03/24/19783a. Date of Last Report  
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 11530 St RD 84

26 P.O. Box 551390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23 Davie Fl

28 Davie Fl

Zip

Country

Zip

Country

24 33325

25

USA

29 33325

30

USA

4. FEI Number

59-1913102

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 HERNANDO POSSE  
STREET ADDRESS 16137 LAUREL DR  
CITY-ST-ZIP FT LAUDERDALE FL1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Citron Marilyn  
1.3 STREET ADDRESS 16131 Laurel Drive  
1.4 CITY-ST-ZIP Ft. Lauderdale, Fl 33326TITLE SD ☐ DELETE  
NAME MARTIN ELLIS  
STREET ADDRESS 16145 LAUREL DR  
CITY-ST-ZIP FT LAUDERDALE FL2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME Bassen Sy  
2.3 STREET ADDRESS 16273 Laurel Drive  
2.4 CITY-ST-ZIP Ft. Lauderdale, Fl 33326TITLE DV ☐ DELETE  
NAME BERENS, NAT  
STREET ADDRESS 16269 LAUREL DR.  
CITY-ST-ZIP FT LAUDERDALE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BASSEN, SY  
STREET ADDRESS 16273 LAUREL DR  
CITY-ST-ZIP FT LAUDERDALE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME RUEBENS, NED  
STREET ADDRESS 16259 LAUREL DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037193

CR2E037 (9/96)