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Mar 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11530 ST RD 84
DAVIE FL 33325
US

P.O BOX 551390
DAVIE FL 33325
US



3. Date Incorporated or Qualified

03/24/1978

4. FEI Number

59-1013102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 CITRON, MARILYN
STREET ADDRESS 16131 LAUREL DRIVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SD ☐ DELETE

NAME MARTIN ELLIS
STREET ADDRESS 16145 LAUREL DR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DV ☒ DELETE

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

TITLE PD ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

BASSEN, SY

16273 LAUREL DRIVE

FT. LAUDERDALE, FL

VP/D

ELLIS MARTIN

16255 LAUREL DRIVE

FT. LAUDERDALE, FL

T/D

GOLDBERG GEORGE

16175 LAUREL DRIVE

FT. LAUDERDALE, FL

S/D

BERNSTEIN DAN

16209 LAUREL DRIVE

FT. LAUDERDALE, FL

D

CITRON, MARILYN

16131 LAUREL DRIVE

FT. LAUDERDALE, FL

14. I 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

Sy Bassen SY BASSEN

2/12/98

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Dep 61.25