

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742195

1. Corporation Name

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

Principal Place of Business

11530 ST RD 84  
DAVIE FL 33325  
US

Mailing Address

P.O BOX 551390  
DAVIE FL 33325  
US

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90249 037 \*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/24/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1913102

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

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  
West Broward Property Mgmt. - Angela Fiore

82 Street Address (P.O. Box Number is Not Acceptable)  
11530 State Road 84

83

84 City Davie

FL

85 Zip Code  
33325

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

Angela Fiore

2/23/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

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

☐ DELETE

TITLE VPD  
NAME MARTIN ELLIS  
STREET ADDRESS 16255 LAUREL DR  
CITY-ST-ZIP FT LAUDERDALE FL

☒ DELETE

TITLE SD  
NAME BERNSTEIN, DAN  
STREET ADDRESS 16209 LAUREL DR.  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

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

☐ DELETE

TITLE TD  
NAME GOLDBERG, GEORGE  
STREET ADDRESS 16175 LAUREL DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99 254-472-3820

CR2E037 (11/98)