

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742195

Entity Name

VILLAS OF BONAVENTURE AT BONAVENTURE 41 CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90124 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

530 ST RD 84  
DAVIE FL 33325

P.O BOX 551390  
DAVIE FL 33325  
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1913102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST BROWARD PROPERTY MGMT-ANGELA FIORE  
11530 STATE RD 84  
DAVIE FL 33325

Name: WEST BROWARD Community Management  
Street Address (P.O. Box Number is not Acceptable): 11530 STATE ROAD 84  
City: DAVIE FL Zip Code: 33325

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature]*

SALVATORE FIORE, PRES.

2-4-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDBERG, GEORGE	
STREET ADDRESS	16175 LAUREL DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWARTZ, ROBERT	
STREET ADDRESS	16167 LAUREL DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, DAN	
STREET ADDRESS	16209 LAUREL DR.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BASSEN, SY	
STREET ADDRESS	16273 LAUREL DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, GEORGE	
STREET ADDRESS	16175 LAUREL DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, ALAN	
STREET ADDRESS	16189 LAUREL DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 2/4/02 472-3820  
Date Daytime Phone #

CR2E037 (9/01)