

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742195

FILED
Apr 13, 2009
Secretary of State

Entity Name: VILLAS OF BONAVENTURE AT BONAVENTURE 41 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11530 ST RD 84
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 551390
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 59-1913102 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MGMT. ANGELA FIORE
11530 STATE RD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERNSTEIN, DAN
Address: 16209 LAUREL DR
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: SWARTZ, ROBERT
Address: 16167 LAUREL DR
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: S () Delete
Name: DUBOWITCH, ARTHUR
Address: 16275 LAUREL DR
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: DENUNZIO, ART
Address: 16295 LAUREL DR
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: ABRAMOFF, MORRIS
Address: 55 BOTANY BAYRD APT 34
City-St-Zip: WORCESTER, MA 01602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BASSEN, SEYMOUR
Address: 16273 LAUREL DRIVE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEYMOUR BASSEN

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date