

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742195

FILED
Apr 20, 2010
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:

820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

Current Mailing Address:

P.O BOX 551390
DAVIE, FL 33325 US

New Mailing Address:

820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

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:

WEST BROWARD COMMUNITY MGMT. ANGELA FIORE
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

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:

04/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BASSEN, SEYMOUR
Address: 16273 LAUREL DRIVE
City-St-Zip: WESTON, FL 33326

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

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

Title: D
Name: SANSON, ANA
Address: 16233 LAUREL DR
City-St-Zip: WESTON, FL 33326

Title: D
Name: GOMEZ, PATTY
Address: 16237 LAUREL DR
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: SEYMOUR BASSEN

P

04/20/2010

Electronic Signature of Signing Officer or Director

Date