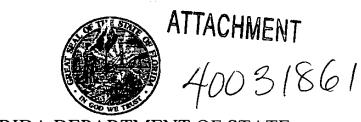
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AA)

Mar 15, 2006 8:00 am Secretary of State **DOCUMENT # 744005** 03-01-2006 90035 047 ****13.75 BONI VISTA TWO CONDOMINIUM ASSOCIATION, INC. 03-15-2006 90096 016 ****47.50 Principal Place of Business Mailino Address 7150 INDIAN CREEK DRIVE MIAMI BEACH FL 33141 7150 INDIAN CREEK DRIVE MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1941606 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOGUSKI, TED** Street Address (P.O. Box Number is Not Acceptable) 7150 INDIAN CREEK DR. MIAMI BEACH FL 33141 City Zip Code 8. 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. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of reg-(NOTE: Registered Agent signature received when represents) Make Check Payable to FILE NOW: FEE'IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. nne Delete TITLE Change ☐ Addition BOGUSKI, TED NAME NAME STREET ADDRESS 7150 INDIAN CREEK DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition GALINA, AGRES HAME 7150 INDIAN CREEK DR 402 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI BCH FL CITY-ST-ZIP TITLE D Colete - 🔲 Addition NAME PEREZ, ALEJANDRO NAME 7150 INDIAN CREEK DR. #404 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZP CITY-ST-ZIP Oclete RILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 affect 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. Date Davisme Phone

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

BONI VISTA TWO CONDOMINIUM ASSOCIATION, INC. 7150 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141

Subject: BONI VISTA TWO CONDOMINIUM ASSOCIATION, INC.

Reference Number:

744005

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$13.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$47.50.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION