


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

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90043 031 ****61.25

DOCUMENT # 750148	
1. Entity Name	
THE VILLAS AT BONAVENTURE IN TRACT 37 SOUTH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
16048 FAIRWAY CIRCLE WESTON FL 33326 US	PO BOX 266935 WESTON FL 33326 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	11530 STATE RD 84
City & State	Suite, Apt. #, etc.
DAVIE FL	

Zip	Country	Zip	Country
33325	US	33325	US

1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-2001075	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLIAKOFF, GARY A. % BECKER, POLIAKOFF & STREITFELD 3111 STIRLING RD. FT. LAUDERDALE FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
Signature, typed or printed name of registered agent and title if applicable		

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSIER, JOHN A	NAME	QUINZADA, DIANA
STREET ADDRESS	16048 FAIRWAY CIRCLE	STREET ADDRESS	16051 FAIRWAY CIRCLE
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	WESTON FL 33326
TITLE	VPD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAHAM, KARP	NAME	ERIC BOUDREAUX
STREET ADDRESS	363 FAIRWAY CIRCLE	STREET ADDRESS	363 FAIRWAY CIRCLE
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	WESTON FL 33326
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZZIANO, ROBERTO	NAME	
STREET ADDRESS	263 FAIRWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SHIRLEY	NAME	
STREET ADDRESS	379 FAIRWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORP, SALLEY	NAME	
STREET ADDRESS	363 FAIRWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: <i>John A. Rosier</i>	4/3/06	954-389-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		