


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90047 041 \*\*\*\*61.25

<b>DOCUMENT # 750148</b> 1. Entity Name <b>THE VILLAS AT BONAVENTURE IN TRACT 37 SOUTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>16048 FAIRWAY CIRCLE WESTON, FL 33326 US</b>			Mailing Address <b>11530 STATE RD 84 DAVIE, FL 33325 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2001075</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>POLIAKOFF, GARY A. % BECKER, POLIAKOFF &amp; STREITFELD 3111 STIRLING RD. FT. LAUDERDALE, FL 33312</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSIER, JOHN A		NAME		
STREET ADDRESS	16048 FAIRWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ABRAHAM, KARP		NAME	TD EISEN, SANFORD	
STREET ADDRESS	363 FAIRWAY CIRCLE		STREET ADDRESS	364 FAIRWAY CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINZADA, DIANA		NAME	QUINZADA DIANA	
STREET ADDRESS	16051 FAIRWAY CIR		STREET ADDRESS	16051 FAIRWAY CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	WESTON FL 33326	
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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOUDREAUX, ERIC		NAME	D VEIRA, LEO	
STREET ADDRESS	363 FAIRWAY CIR		STREET ADDRESS	359 FAIRWAY CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	WESTON FL 33326	
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 Chapter 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.					
<b>SIGNATURE:</b> <i>John Rosier</i> <b>3130</b> <i>John Rosier</i> <b>4/11/07</b> <b>954-389-1484</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					