

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 044 ****61.25

DOCUMENT # 757247



1. Entity Name
THE PRESIDENTS COUNCIL OF BONAVENTURE, INC.

Principal Place of Business
**16690 SADDLE CLUB RD
FT LAUDERDALE, FL 33326**

Mailing Address
**16690 SADDLE CLUB RD
FT LAUDERDALE, FL 33326**

54065607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINE, GERALD
16091 BLATT BLVD
#301
WESTON, FL 33326**

Name **LORI SCHILLER**

Street Address (P.O. Box Number is Not Acceptable)
16411 BLATT BLVD #201

City **WESTON**

FL

Zip Code **33326**

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

Lori Schiller

LORI SCHILLER, TREASURER

7/27/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **FINE, GERALD**
STREET ADDRESS **16091 BLATT BLVD**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **SD** ☒ Delete
NAME **BUSH, MARIE**
STREET ADDRESS **280 RACQUET CLUB RD**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **VD** ☐ Delete
NAME **WALTER, HERB**
STREET ADDRESS **389 LAKEVIEW DR**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **T** ☐ Delete
NAME **SCHILLER, LORI**
STREET ADDRESS **16411 BLATT BLVD**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Delete
NAME **ELEFTER, TED**
STREET ADDRESS **561 ROYAL POINCIANA CT**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☒ Delete
NAME **CRECO, RAY**
STREET ADDRESS **16500 GOLF CLUB RD**
CITY-ST-ZIP **WESTON, FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Toby FEUER**
STREET ADDRESS **213 LAKEVIEW DR**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **SD** ☒ Change ☐ Addition
NAME **STEPHEN WEIMER**
STREET ADDRESS **391 IVY LANE**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☒ Change ☐ Addition
NAME **PETE MONTANA**
STREET ADDRESS **16400 GOLF CLUB RD**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Change ☒ Addition
NAME **ALBERTO PLOTNIK**
STREET ADDRESS **240 LAKEVIEW DR**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Change ☒ Addition
NAME **THERESA CARIOSCIA**
STREET ADDRESS **340 RACQUET CLUB RD**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Change ☒ Addition
NAME **STEN HENRIKSEN**
STREET ADDRESS **16180 LA COSTA DR**
CITY-ST-ZIP **WESTON, FL 33326**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lori Schiller

LORI SCHILLER, TREASURER

7/27/04

Date

305-820-6908

Daytime Phone #