## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 757247** 

FILED Oct 10, 2006 Secretary of State

Entity Name: THE PRESIDENTS COUNCIL OF BONAVENTURE, INC.

Current Principal Place of Business:		New Principal Place of Business:	
16690 SADDLE CLUB RD FT LAUDERDALE, FL 33326		16690 SADDLE CLUB RD WESTON, FL 33326	
Current N	lailing Address:	New Maili	ing Address:
16690 SADDLE CLUB RD FT LAUDERDALE, FL 33326		16690 SADDLE CLUB RD WESTON, FL 33326	
	ce with s. 607.193(2)(b), F.S., the corporation did not receiv		ce.
Name and SCHILLEF	I Address of Current Registered Agent:	Name and	I Address of New Registered Agent:
16091 BL <i>A</i> # 101	ÄTT BLVDF , FL 33326 US		
	named entity submits this statement for the purpose e of Florida.	e of changing	its registered office or registered agent, or both
SIGNATUI	RE: LORI SCHILLER		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO
Fitle: Name: Address: City-St-Zip:	PD () Delete FEUER, TOBY 213 LAKEVIEW DR WESTON, FL 33326	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	SD () Delete WEIMER, STEPHEN 391 IVY LANE WESTON, FL 33326	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition LAIRD, LISA 164 LAKEVIEW DR WESTON, FL 33326
Γitle: Name:	VD ( ) Delete WALTER, HERB	Title: Name:	VD (X) Change ( ) Addition PLOTNIK, ALBERTO
Address:	389 LAKEVIEW DR WESTON, FL 33326	Address: City-St-Zip:	240 LAKEVIEW DR WESTON, FL 33326
Address: City-St-Zip: Title: Name: Address: City-St-Zip:			
Address: City-St-Zip: Fitle: Name: Address:	WESTON, FL 33326  T () Delete SCHILLER, LORI 16091 BLATT BLVD # 101	City-St-Zip: Title: Name: Address:	WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOBY FEUER PD 10/10/2006