2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# 757247

Entity Name: THE PRESIDENTS COUNCIL OF BONAVENTURE, INC.

Current Principal Place of Business:

16690 SADDLE CLUB RD
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16690 SADDLE CLUB RD
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHILLER, LORI
16091 BLATT BLVDF
101
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FEUER, TOBY	
Address:	213 LAKEVIEW DR	
City-St-Zip:	WESTON, FL 33326	
Title:	SD	( ) Delete
Name:	LAIRD, LISA	
Address:	164 LAKEVIEW DR	
City-St-Zip:	WESTON, FL 33326	
Title:	VD	( ) Delete
Name:	PLOTNIK, ALBERTO	
Address:	240 LAKEVIEW DR	
City-St-Zip:	WESTON, FL 33326	
Title:	T	( ) Delete
Name:	SCHILLER, LORI	
Address:	16091 BLATT BLVD # 101	
City-St-Zip:	WESTON, FL 33326	
Title:	D	( ) Delete
Name:	ELEFTER, TED	
Address:	561 ROYAL POINCIANA CT	
City-St-Zip:	WESTON, FL 33326	
Title:	D	( ) Delete
Name:	MONTANA, PETE	
Address:	16400 GOLF CLUB RD	
City-St-Zip:	WESTON, FL 33326	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LORI SCHILLER T 02/02/2007

Electronic Signature of Signing Officer or Director — Date