

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90074 049 \*\*\*\*\*61.25

**DOCUMENT # 767845**

1. Entity Name

BONAVENTURE TENNIS ASSOCIATION, INC.



Principal Place of Business

390 LAKEVIEW DR  
APT 62-101  
WESTON FL 33326

Mailing Address

390 LAKEVIEW DR  
APT 62-101  
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

BLUMENTHAL, SYLVIA  
16300 GOLF CLUB RD.  
FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	V	<input type="checkbox"/> Delete
NAME	SAPERSTEIN, MIKKI	
STREET ADDRESS	4140 VILLAGE LAKE DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, JOSEPH	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGAL, SEYMOUR	
STREET ADDRESS	16650 BLAT BLVD.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MAX	
STREET ADDRESS	390 LAKEVIEW DR APT 62-101	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	REFKIN, BEVERLY	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, SYLVIA	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPERSTEIN, MIKKI	
STREET ADDRESS	4140 VILLAGE LAKE DR.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, SHIRLEY	
STREET ADDRESS	1681 HARBOURSIDE DR.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Max Schwartz **MAX SCHWARTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

954 384-1727

Daytime Phone #