

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90040 002 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

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

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME SAPERSTEIN, MIKKI  
STREET ADDRESS 4140 VILLAGE LAKE DR  
CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME MILLER, SHIRLEY  
STREET ADDRESS 1681 HARBOURSIDE DR  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME REGAL, SEYMOUR  
STREET ADDRESS 16650 BLAT BLVD.  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE D  
NAME REGAL, SEYMOUR  
STREET ADDRESS 589 SLIPPERY POND RD  
CITY-ST-ZIP WESTON FL 33327 ☒ Change ☐ Addition

TITLE T  
NAME SCHWARTZ, MAX  
STREET ADDRESS 390 LAKEVIEW DR APT 62-101  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME REFKIN, BEVERLY  
STREET ADDRESS 16300 GOLF CLUB RD  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BLUMENTHAL, SYLVIA  
STREET ADDRESS 16300 GOLF CLUB RD  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Max Schwartz*

**MAX SCHWARTZ**

2/7/06

954 384-1727