

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90011 022 ****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 - No P.O. Box #

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**

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, 2008**

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **REFKIN, BEVERLY**
CITY-ST-ZIP **16117 EMERALD ESTATES DR.
WESTON FL 33331**

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

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

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**

2/18/08 **954 384-1727**