2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 767845

Entity Name: BONAVENTURE TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

390 LAKEVIEW DR
APT 62-101
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

390 LAKEVIEW DR
APT 62-101
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:

BLUMENTHAL, SYLVIA
16300 GOLF CLUB RD.
FT. LAUDERDALE, 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:	P	( ) Delete
Name:	SAPERSTEIN, MIKKI	
Address:	4140 VILLAGE LAKE DR	
City-St-Zip:	FT LAUDERDALE, FL 33326	
Title:	V	( ) Delete
Name:	MILLER, SHIRLEY	
Address:	1681 HARBOURSIDE DR	
City-St-Zip:	WESTON, FL 33326	
Title:	D	( ) Delete
Name:	REGAL, SEYMOUR	
Address:	589 SLIPPERY POND RD	
City-St-Zip:	WESTON, FL 33327	
Title:	T	( ) Delete
Name:	SCHWARTZ, MAX,	
Address:	390 LAKEVIEW DR APT 62-101	
City-St-Zip:	WESTON, FL 33326	
Title:	S	( ) Delete
Name:	REFKIN, BEVERLY	
Address:	10117 EMERALD ESTATES DR	
City-St-Zip:	FORT LAUDERDALE, FL 33331	
Title:	D	( ) Delete
Name:	BLUMENTHAL, SYLVIA,	
Address:	16300 GULF 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 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: MAX SCHWARTZ TREA 01/26/2009
Electronic Signature of Signing Officer or Director — Date