


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90191 007 \*\*\*\*61.25

<b>DOCUMENT # 769801</b> 1. Entity Name <b>VILLAS OF BONAVENTURE AT BONAVENTURE 23 CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>13460 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027 US</b>		Mailing Address <b>13460 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027 US</b>	
2. Principal Place of Business - No P.O. Box # <b>96 Benchmark Property Mgmt 7932 Wilcs Road Coral Springs 33027 USA</b>		3. Mailing Address <b>96 Benchmark Property Mgmt 7932 Wilcs Road Coral Springs 33027 USA</b>	
4. FEI Number <b>59-2532580</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PRIME MANAGEMENT GROUP INC. 14360 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027</b>		7. Name and Address of New Registered Agent <b>Straley + Otto, P.A. 2699 Shilling Rd Suite C-207 Ft. Lauderdale FL 33312</b>	
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: <u>Charles F. Otto, Esq.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>4/23/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	V	TITLE	P
NAME	STERN, JACK	NAME	Winnie, Daniel
STREET ADDRESS	447 LAKEVIEW DR #3	STREET ADDRESS	447 Lakeview Drive #5
CITY-ST-ZIP	WESTON, FL 33026	CITY-ST-ZIP	Weston FL 33326
TITLE	S	TITLE	T
NAME	SCISM, MARION	NAME	Mantione, Angelo
STREET ADDRESS	445 LAKEVIEW DR., #3	STREET ADDRESS	453 Lakeview Drive #3
CITY-ST-ZIP	WESTON, FL	CITY-ST-ZIP	Weston FL 33326
TITLE	T	TITLE	D
NAME	WINNIE, DANIEL	NAME	Parra, Alfredo
STREET ADDRESS	447 LAKEVIEW DRIVE #5	STREET ADDRESS	449 Lakeview Drive #3
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	Weston FL 33326
TITLE	D	TITLE	
NAME	MANTIONE, ANGELO	NAME	
STREET ADDRESS	453 LAKEVIEW DRIVE #	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	SCHUMACHER, JERROLD D	NAME	
STREET ADDRESS	451 LAKEVIEW DR. #1	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Daniel G. Winnie, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/17/2007</u> <small>DATE</small>	
DAYTIME PHONE: <u>954-0529</u> <small>DAYTIME PHONE #</small>			