

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90069 040 ****61.25

DOCUMENT # 769801

1. Entity Name
VILLAS OF BONAVENTURE AT BONAVENTURE 23
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O BENCHMARK PROPERTY MGMT
7932 WILES ROAD
CORAL SPRINGS, FL 33067 US

Mailing Address
C/O BENCHMARK PROPERTY MGMT
7932 WILES ROAD
CORAL SPRINGS, FL 33067 US



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

01252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2532580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHRALET & OTTO P.A.
2699 STIRLING RD
SUITE C-207
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name Becker + Poliakoff
Street Address (P.O. Box Number is Not Acceptable)
Emerald Lake Corporate Park
3111 Stirling Road
City Ft. Lauderdale FL Zip Code 33312-6525

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.

Kenneth S. Dipka

(NOTE: Registered Agent signature required when reinstating)

1/8/08

DATE

Filing 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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STERN, JACK	
STREET ADDRESS	447 LAKEVIEW DR #3	
CITY-ST-ZIP	WESTON, FL 33026	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WINNIE, DANIEL	
STREET ADDRESS	447 LAKEVIEW DRIVE #5	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANTIONE, ANGELO	
STREET ADDRESS	453 LAKEVIEW DRIVE #	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRA, ALFREDO	
STREET ADDRESS	449 LAKEVIEW DRIVE #3	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arango, Dina	
STREET ADDRESS	447 LAKEVIEW DRIVE #2	
CITY-ST-ZIP	Weston FL 33326	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foughts, Mary	
STREET ADDRESS	14707 Harbor Court	
CITY-ST-ZIP	Weston FL 33331	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riviera, Daisy	
STREET ADDRESS	451 LAKEVIEW DRIVE #4	
CITY-ST-ZIP	Weston FL 33326	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCISM, Marion	
STREET ADDRESS	445 LAKEVIEW DRIVE #3	
CITY-ST-ZIP	Weston FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mantione, Angelo	
STREET ADDRESS	453 LAKEVIEW DRIVE #3	
CITY-ST-ZIP	Weston FL 33326	
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 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: Marion Scism

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

Daytime Phone #