

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001684

FILED
Apr 29, 2004
Secretary of State**Entity Name:** BONAVENTURE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4195 S HWY US 1., STE #102
VIERA, FL 32955**New Principal Place of Business:****Current Mailing Address:**4195 S HWY US 1., STE #102
VIERA, FL 32955**New Mailing Address:****FEI Number:** 56-2396282**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BARBER, ANDREW
4195 S HWY US 1., STE #102
VIERA, FL 32955**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:** VSD () Delete
Name: BARBER, ANDREW C
Address: 4195 S HWY US 1., STE #102
City-St-Zip: VIERA, FL 32955**Title:** PTD () Delete
Name: WALKER, JOHN W
Address: 4175 S HWY US 1., STE 101
City-St-Zip: VIERA, FL 32955**Title:** D () Delete
Name: WISE, JAKE
Address: 1751 SARNO ROAD #5
City-St-Zip: MELBOURNE, FL 32935**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW C. BARBER

VSD

04/29/2004

Electronic Signature of Signing Officer or Director

Date