

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001684	
1. Entity Name BONAVENTURE OWNERS ASSOCIATION, INC.	
Principal Place of Business 4195 S HWY US 1., STE #102 VIERA, FL 32955	Mailing Address 4195 S HWY US 1., STE #102 VIERA, FL 32955



DO NOT WRITE IN THIS SPACE

08032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2396282	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BARBER, ANDREW
4195 S HWY US 1., STE #102
VIERA, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARBER, ANDREW C 4195 S HWY US 1., STE #102 VIERA, FL 32955
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALKER, JOHN W 4175 S HWY US 1., STE 101 VIERA, FL 32955
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, JAKE 1751 SARNO ROAD #5 MELBOURNE, FL 32935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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08/08/05-80004-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #