

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

01-21-2003 90401 001 ***211.25

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1. Entity Name

BONAVENTURE OWNERS ASSOCIATION, INC.



Principal Place of Business

**8240 DEVEREUX DRIVE
SUITE 100
VIERA FL 32940**

Mailing Address

**8240 DEVEREUX DRIVE
SUITE 100
VIERA FL 32940**

Principal Place of Business

**Bona 4195 S. Hwy US 1
Suite # 102
Viera**

Mailing Address

**F
Suite, Apt. #, etc.
City & State**

Zip 32955

Country Brevard 32955 Brevard

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**R. MASON BLAKE, ESQUIRE
8240 DEVEREUX DRIVE
SUITE 100
VIERA FL 32940**

7. Name and Address of New Registered Agent

**Name Andrew C. Barber
Street Address 4195 S. Hwy US 1
Suite #102
City Viera FL 32955**

I, the above named entity, submit 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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 VSD
NAME BARBER, ANDREW C
STREET ADDRESS 2600 NEWFOUND HARBOR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952**

**TITLE PTD
NAME WALKER, JOHN W
STREET ADDRESS 4095 SOUTH HIGHWAY U.S. 1
CITY-ST-ZIP ROCKLEDGE FL 32955**

**TITLE D
NAME WISE, JAKE
STREET ADDRESS 1751 SARNO ROAD #5
CITY-ST-ZIP MELBOURNE FL 32935**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**4195 S. Hwy US 1
Suite #102
Viera, FL 32955**

**4175 S. Hwy US 1
Suite 101
Viera FL 32955**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED

9/2/03

321 638 2255

CR2E037 (4/03)