

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004530

FILED
Mar 26, 2009
Secretary of State

Entity Name: BONAVENTURE RESORT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

12000 BISCAYNE BLVD PENTHOUSE 810
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12000 BISCAYNE BLVD PENTHOUSE 810
MIAMI, FL 33181

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

IRELAND, THOMAS K
12000 BISCAYNE BLVD PENTHOUSE 810
MIAMI, FL 33181 US

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: DP () Delete
Name: IRELAND, THOMAS K
Address: 12000 BISCAYNE BLVD PENTHOUSE 810
City-St-Zip: MIAMI, FL 33181

Title: DV () Delete
Name: ROSE, LARRY
Address: 250 RACQUET CLUB RD
City-St-Zip: WESTON, FL 33326

Title: DST () Delete
Name: IRELAND, LOU
Address: 12000 BISCAYNE BLVD PENTHOUSE 810
City-St-Zip: MIAMI, FL 33181

Title: DEV () Delete
Name: IRELAND, R. SCOTT
Address: 12000 BISCAYNE BLVD PENTHOUSE 810
City-St-Zip: MIAMI, FL 33181

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS K IRELAND

DP

03/26/2009

Electronic Signature of Signing Officer or Director

Date