

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06850

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: BONIELLO'S ACRES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BECKER & POLIAKOFF PA  
500 AUSTRALIAN AVE. SO.  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BECKER & POLIAKOFF PA  
500 AUSTRALIAN AVE. SO.  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 59-2520479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIREKTOR, KENNETH S ESQ  
C/O BECKER & POLIAKOFF PA  
500 AUSTRALIAN AVE. SO.  
WEST PALM BEACH, FL 33470 0

**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: TD ( ) Delete  
Name: HIROMI, PRINTZ  
Address: 17686 BONIELLO DR  
City-St-Zip: BOCA RATON, FL 33496

Title: VD ( ) Delete  
Name: BERGMAN, MARC  
Address: 17635 BONIELLO RD  
City-St-Zip: BOCA RATON, FL 33496

Title: SD ( ) Delete  
Name: ORYNICH, RONALD  
Address: 17785 BONIELLO DR  
City-St-Zip: BOCA RATON, FL 33496

Title: PD ( ) Delete  
Name: CARBONELL, RAMIRO  
Address: 17585 BONIELLO RD  
City-St-Zip: BOCA RATON, FL 33496

Title: VD ( ) Delete  
Name: RUMBLE, ELLEN  
Address: 17555 BONIELLO DR  
City-St-Zip: BOCA RATON, FL 33496

**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:

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: HIROMI PRINTZ

TD

04/19/2004

Electronic Signature of Signing Officer or Director

Date