

# 2001 UNIFORM BUSINESS REPORT (UBR) \$122.50

DOCUMENT# N07388

1. Entity Name

BONAVENTURE CIVIC ASSOCIATION, INC.

Principal Place of Business

215 LAKEVIEW DR #206  
WESTON, FL 33326

Mailing Address

1304 SW  
160th AVE #271  
SUNRISE,  
FL 33326

FILED

01 FEB 21 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLARD W. MORRISON  
215 LAKEVIEW DR #206  
WESTON, FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MORRISON, WILLARD  
STREET ADDRESS 215 LAKEVIEW DR #206  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VDIR  
NAME EDWIN REUBENS  
STREET ADDRESS 16259 LAUREL DR  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME CITRON, MARILYN  
STREET ADDRESS 16131 LAUREL DR  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~METZGER~~ DIR  
NAME METZGER, MARIA  
STREET ADDRESS 679 RACQUET CLUB RD #1  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIR  
NAME LIEBERMAN, DAVID  
STREET ADDRESS 419 LAKEVIEW DR #204  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIR  
NAME BERMAN, DEANNA  
STREET ADDRESS 369 LAKEVIEW DR #103  
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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:

Willard W. Morrison  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/01 954-384-6823

CR2E037 (11/00)