


FILE NOW: FILING FEE IS \$61.25

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97 SEP 26 PM 12:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17757 (8)
1. Corporation Name
VISIONS OF BONAVENTURE TRACT 22 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3300 CORPORATE AVENUE SUITE 110 WESTON, FL 33331
3300 CORPORATE AVENUE SUITE 110 WESTON, FLORIDA 33331

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 22 SUITE 110
23 City & State 24 WESTON, FLA.
25 Zip 26 33331
27 Country 28 BROWARD

3. Date Incorporated or Qualified 11-13-86
3a. Date of Last Report 3-17-95
4. FEI Number 65-0105707
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BUDCO MANAGEMENT
16614 SADDLE CLUB ROAD
FT. LAUDERDALE, FLORIDA 33326

10. Name and Address of New Registered Agent
81 Name ROSEN, ROSEN & KREILING P.A.,
82 Street Address EDWARD KREILING, ESQ.
1625 N. COMMERCE PARKWAY
83 SUITE 225 400002307074--7
84 City WESTON 09/25/97 01192 000
*****51.FL ***0061.25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE Edward R. Kreiling, v.p. DATE 9/25/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAUCHER, STEPHEN	
STREET ADDRESS	501 RACQUET CLUB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
TITLE	VDP	<input checked="" type="checkbox"/> DELETE
NAME	SELDEN, JOEL	
STREET ADDRESS	573 RAQUET CLUB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, ANITA	
STREET ADDRESS	567 RAQUET CLUB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LALLOO, ANDRE	
STREET ADDRESS	507 RAQUET CLUB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MOODY, DWIGHT	
13 STREET ADDRESS	519 RAQUET CLUB ROAD #49	
14 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
21 TITLE	VDP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MANZINI, WILLIAM	
23 STREET ADDRESS	555 RAQUET CLUB ROAD # 27	
24 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MAZZOLI, THOMAS	
33 STREET ADDRESS	585 RAQUET CLUB ROAD	
34 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BRANDO, CARLOS	
43 STREET ADDRESS	591 RAQUET CLUB ROAD	
44 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	JACKSON, RICHARD T.	
53 STREET ADDRESS	549 RAQUET CLUB ROAD	
54 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MURLA, RAYMOND	
63 STREET ADDRESS	597 RAQUET CLUB ROAD	
64 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 9/25/97 DAYTIME PHONE #: (954) 389-4555

CR2E037 (9/96)