

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 3300 CORPORATE AVENUE SUITE 110 WESTON FL 33331 US		Mailing Address 3300 CORPORATE AVENUE SUITE 110 WESTON FL 33331 US	
2. Principal Place of Business	2a. Mailing Address	21. 3300 CORPORATE AVE.	26. 3300 CORPORATE AVE
22. SUITE 110	27. SUITE 110	23. WESTON, FLA.	28. WESTON, FLA.
24. 33331	25. USA	29. 33331	30. U.S.A.

3. Date Incorporated or Qualified
11/13/1986

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ROSEN, ROSEN & KEILING P.A.
EDWARD KEILING, ESQ.
1625 N. COMMERCE PARKWAY, SUITE 225
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, DWIGHT	1.2 NAME	
STREET ADDRESS	519 RAQUET CLUB ROAD, #49	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZINI, WILLIAM	2.2 NAME	
STREET ADDRESS	555 RAQUET CLUB ROAD #27	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZOLI, THOMAS	3.2 NAME	
STREET ADDRESS	585 RAQUET CLUB ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDO, CARLOS	4.2 NAME	
STREET ADDRESS	591 RAQUET CLUB ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, RICHARD T	5.2 NAME	
STREET ADDRESS	549 RAQUET CLUB ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURLA, RAYMOND	6.2 NAME	
STREET ADDRESS	597 RAQUET CLUB ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *William Manzini* WILLIAM MANZINI, PRESIDENT 2/13/98 (954) 384-4862

CR2E037 (10/97)