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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17757

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/13/1986
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0105707
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ROSEN, ROSEN & KEILING P.A.
EDWARD KEILING, ESQ.
~~1625 N. COMMERCE PARKWAY, SUITE 225~~
WESTON FL 33328

81 Name Rosen & Keiling	85 Zip Code 33331
82 Street Address (P.O. Box Number is Not Acceptable) 2500 Weston Rd	
83 Suite 220	
84 City Weston	FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, DWIGHT	1.2 NAME	JoAnne Nardulli
STREET ADDRESS	519 RAQUET CLUB ROAD, #49	1.3 STREET ADDRESS	519 Raquet Club Rd, # 52
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" 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 <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZOLI, THOMAS	3.2 NAME	
STREET ADDRESS	585 RAQUET CLUB ROAD	3.3 STREET ADDRESS	585 Raquet Club Rd, #7
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDO, CARLOS	4.2 NAME	
STREET ADDRESS	591 RAQUET CLUB ROAD	4.3 STREET ADDRESS	591 Raquet Club Rd, # 3
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, RICHARD T	5.2 NAME	Anita Bernstein
STREET ADDRESS	549 RAQUET CLUB ROAD	5.3 STREET ADDRESS	567 Raquet Club Rd, # 19
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	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)(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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED **2-10-99** _____
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)