

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90108 019 \*\*\*\*61.25

**DOCUMENT # N17757**

1. Entity Name

**VISIONS OF BONAVENTURE TRACT 22 HOMEOWNERS ASSOC**

Principal Place of Business

Mailing Address

3300 CORPORATE AVENUE  
 SUITE 110  
 WESTON FL 33331  
 US

3300 CORPORATE AVENUE  
 SUITE 110  
 WESTON FL 33331-3504  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0105707**

Applied For  
 Not Applied For

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

**ROSEN, ROSEN & KEILING P.A.**  
**EDWARD KEILING, ESQ.**  
**1625 N. COMMERCE PARKWAY, SUITE 225**  
**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:**  
**FEF 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 VP  Delete  
 NAME **NARDULLI, JOANNE**  
 STREET ADDRESS **519 RAQUET CLUB ROAD, #49**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VP / S**  Change  Addition  
 NAME **NARDULLI, JOANNE**  
 STREET ADDRESS **519 Racquet Club Rd, #49**  
 CITY-ST-ZIP **Ft. Lauderdale, FL**

TITLE **D**  Delete  
 NAME **MANZINI, WILLIAM**  
 STREET ADDRESS **555 RAQUET CLUB ROAD #27**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D**  Change  Addition  
 NAME **BRANDO, CARLOS**  
 STREET ADDRESS **591 Racquet Club Rd. # 3**  
 CITY-ST-ZIP **Ft. Lauderdale FL**

TITLE **P**  Delete  
 NAME **MAZZOLI, THOMAS**  
 STREET ADDRESS **585 RAQUET CLUB ROAD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D**  Change  Addition  
 NAME **LICHTER, WINFRED**  
 STREET ADDRESS **573 Racquet Club Rd, #15**  
 CITY-ST-ZIP **Ft. Lauderdale FL**

TITLE **SD**  Delete  
 NAME **BRANDO, CARLOS**  
 STREET ADDRESS **591 RAQUET CLUB ROAD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **BERNSTEIN, ANITA**  
 STREET ADDRESS **549 RAQUET CLUB ROAD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MURLA, RAYMOND**  
 STREET ADDRESS **597 RAQUET CLUB ROAD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LINDA J O'Donnell on behalf of BVO**  
**JANUARY 27, 2000 (954) 349-6277**  
 Date Daytime Phone #