

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90011 035 \*\*\*\*61.25

**DOCUMENT # N17757**

1. Entity Name  
**VISIONS OF BONAVENTURE TRACT 22 HOMEOWNERS ASSOC**

Principal Place of Business      Mailing Address  
**3300 CORPORATE AVENUE**      **3300 CORPORATE AVENUE**  
**SUITE 118**      **SUITE 118**  
**WESTON FL 33331**      **WESTON FL 33331**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**clo D.C.I.**      **2035 HARDING ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#200**

City & State      City & State      4. FEI Number      Applied For  
**Hollywood**      **FL**      **65-0105707**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33020**                          

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**ROSEN, ROSEN & KEILING P.A.**      Name **Development Consultants Inc. A. Metraux T2**  
**EDWARD KEILING, ESQ.**      Street Address (P.O. Box Number is Not Acceptable) **2035 HARDING ST. #200**  
**1625 N. COMMERCE PARKWAY, SUITE 225**      City **Hollywood**      **FL**      Zip Code **33020**  
**WESTON FL 33326**

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]*      DATE **2/15/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**FILE NOW:**  
**SEE 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	<b>VS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NARDULLI, JOANNE</b>	NAME	
STREET ADDRESS	<b>519 RAQUET CLUB ROAD, #49</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANDO, CARLOS</b>	NAME	
STREET ADDRESS	<b>591 RAQUET CLUB RD #3</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZOLI, THOMAS</b>	NAME	
STREET ADDRESS	<b>585 RAQUET CLUB ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LICHTER, WINFRED</b>	NAME	
STREET ADDRESS	<b>573 RAQUET CLUB RD #15</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNSTEIN, ANITA</b>	NAME	
STREET ADDRESS	<b>549 RAQUET CLUB ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of 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 address, with all other like empowered.

SIGNATURE: *[Signature]*      **REQUIRED**  
JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/101 954-922-3514**  
Daytime Phone #

CR2E037 (10/00)