


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90040 025 \*\*\*\*61.25

**DOCUMENT # N17757**  
 1. Entity Name  
**VISIONS OF BONAVENTURE TRACT 22 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 203 HARDING STREET  
 SUITE 200  
 HOLLYWOOD, FL 33020 US

Mailing Address  
 203 HARDING STREET  
 SUITE 200  
 HOLLYWOOD, FL 33020 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 65-0105707

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW  
 2035 HARDING ST. #200  
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NARDULLI, JOANNE	
STREET ADDRESS	519 RAQUET CLUB ROAD, #49	
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LICHTER, WINFRED	
STREET ADDRESS	573 RACQUET CLUB ROAD #15	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BODNER, JILL	
STREET ADDRESS	519 RAQUET CLUB ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALCANTARA, KATHY	
STREET ADDRESS	567 RACQUET CLUB RD #18	
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramon Perez	
STREET ADDRESS	501 Racquet Club Rd, # 62	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winifred Lichter	
STREET ADDRESS	573 Racquet Club Rd, #15	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mauricio biraldo	
STREET ADDRESS	531 Racquet Club Rd, # 42	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alcantara, Ekaterina	
STREET ADDRESS	567 Racquet Club Rd, #18	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Winifred Lichter President* *Winifred Lichter* 3/23/04 954-540-2922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #