


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90021 016 ****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**

60022094



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042007 Chg-NP CR2E037 (12/06)

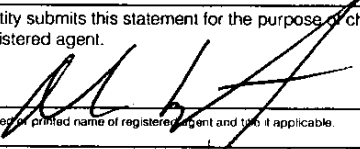
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ANDREW MEYROWITZ / O DCT**
 Street Address (P.O. Box Number is Not Acceptable)
2035 HARDING ST SUITE 200
 City **HOLLYWOOD** FL Zip Code **33020**

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 **2/28/07**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP PARRA, JOSE <input checked="" type="checkbox"/> Delete 519 RACQUET CLUN RD SUITE 52 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LICHTER, WINIFRED <input type="checkbox"/> Delete 573 RACQUET CLUB R SUITE 15 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLON, JUAN CARLOS <input type="checkbox"/> Delete 591 RACQUET CLUB RD #1 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATARAZZO, RYNA <input type="checkbox"/> Delete 597 RACQUET CLUB RD SUITE 72 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MELISSA <input type="checkbox"/> Delete 513 RACQUET CLUB RD SUITE 56 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Parrar Jose 519 Racquet Club Rd, Suite 52 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 IRG empowered.

SIGNATURE:  - President DATE **2/22/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #