
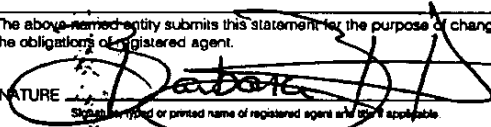
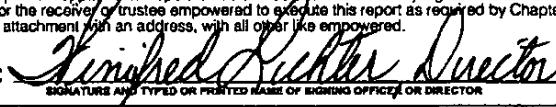


**FILED**  
**Jun 13, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90030 032 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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 - No P.O. Box # Association Service of FLA Suite, Apt. #, etc. 10112 USA Today Way		3. Mailing Address Association Service of Fla Suite, Apt. #, etc. 10112 USA Today Way	
City & State MIRAMAR, FLORIDA		City & State MIRAMAR, FLORIDA	
Zip 33025	Country USA	Zip 33025	Country USA
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: BARBARA HERNDON, PRESIDENT Street Address (P.O. Box Number is Not Acceptable): ASSOCIATION SERVICES OF FLORIDA 10112 USA Today Way City: MIRAMAR FL Zip Code: 33025	
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: _____	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: PARRA, JOSE STREET ADDRESS: 519 RACQUET CLUN RD SUITE 52 CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LICHTER, WINIFRED STREET ADDRESS: 573 RACQUET CLUB R SUITE 15 CITY-ST-ZIP: WESTON, FL 33328	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: COLON, JUAN CARLOS STREET ADDRESS: 591 RACQUET CLUB RD #1 CITY-ST-ZIP: WESTON, FL 33328	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MATARAZZO, RYNA STREET ADDRESS: 597 RACQUET CLUB RD SUITE 72 CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILSON, MELISSA STREET ADDRESS: 513 RACQUET CLUB RD SUITE 56 CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	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"/> Delete	TITLE: Director NAME: Barbara Herndon STREET ADDRESS: 573 Racquet Club Rd #13 CITY-ST-ZIP: Weston, FL 33326	<input type="checkbox"/> Change <input checked="" 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 like empowered.			
SIGNATURE: 		Date: 4/24/08 Daytime Phone #: 954-540-2922	

66014155



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0105707 Applied For Not Applicable

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