

**NOT FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

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

03 APR 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business		3. Mailing Address c/o DCI ASSOCIATION SERVICES 2035 Harding Street Suite, Apt. #, etc.		4. FEI Number 65-0105707		Applied For Not Applicable	
Suite, Apt. #, etc.		SUITE 200		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State HOLLYWOOD, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
33020	USA	33020	USA				

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				Name <i>Andrew Meyrowitz</i>				Applied For	
				Street Address (R.O. Box Number is Not Acceptable) <i>c/o DCI</i>				Not Applicable	
				2035 Harding St. Suite 200					
City		State		Zip Code					
Hollywood		FL		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.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE *4/14/03*

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE PD	President	TITLE NAME	200017077912
NAME	Joann Nardulli	NAME	04/25/03--01015--026 **122.50
STREET ADDRESS	519 Racquet Club Road #52	STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33326	CITY-ST-ZIP	
TITLE VPD	Vice President	TITLE NAME	
NAME	Winfred Lichter	NAME	
STREET ADDRESS	573 Racquet Club Road #15	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	Secretary	TITLE NAME	
NAME	Jill Bodner	NAME	
STREET ADDRESS	519 Racquet Club Road #50	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	Director	TITLE NAME	
NAME	Kathy Alcantara	NAME	
STREET ADDRESS	567 Racquet Club Road #18	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Winfred Lichter* Winfred Lichter *4/1/02* 954-385-2922

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

CR2E037B (12/01)

4/1/03