

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000218

1. Entity Name
**VACATION VILLAGE AT BONAVENTURE OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**401 RACQUET CLUB ROAD
FORT LAUDERDALE, FL 33326**

Mailing Address
**16461 RACQUET CLUB ROAD
FORT LAUDERDALE, FL 33326 US**



01112006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0413618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOSTER, REBECCA A.
3015 N. OCEAN BLVD.
SUITE 121
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relistings)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
OTTINO, J P
3015 N. OCEAN BLVD., SUITE 121
FT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
FOSTER, REBECCA
3015 N. OCEAN BLVD., SUITE 121
FT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
FEIRSTEIN, JANICE
16461 RACQUET CLUB RD
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
FIERSTEIN, JANICE
401 RACQUET CLUB RD. BLDG 129
FORT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000428966
02/21/06-80068-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas

2/1/06

Date

954385599

Daytime Phone #