

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

FILED
Apr 21, 2008 08:00 A
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



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0413618

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000911160
05/07/08-80029-009 61.25

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	

**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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janice Feirstein Sec 4/17/08 9543858599