

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000218

FILED
Jan 22, 2009
Secretary of State

Entity Name: VACATION VILLAGE AT BONAVENTURE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

401 RACQUET CLUB ROAD
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

16461 RACQUET CLUB ROAD
FORT LAUDERDALE, FL 33326 US

New Mailing Address:

FEI Number: 65-0413618 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OTTINO, J P
Address: 3015 N. OCEAN BLVD., SUITE 121
City-St-Zip: FT LAUDERDALE, FL 33308

Title: DV () Delete
Name: FOSTER, REBECCA
Address: 3015 N. OCEAN BLVD., SUITE 121
City-St-Zip: FT LAUDERDALE, FL

Title: DS () Delete
Name: FEIRSTEIN, JANICE
Address: 16461 RACQUET CLUB RD
City-St-Zip: WESTON, FL 33326

Title: DT () Delete
Name: FIERSTEIN, JANICE
Address: 401 RACQUET CLUB RD. BLDG 129
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE FEIRSTEIN

DS

01/22/2009

Electronic Signature of Signing Officer or Director

Date