

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

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90205 001 \*\*\*\*61.25

**DOCUMENT # N94000000174**

**1. Entity Name**

**BONAVENTURE HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**

**1815 MICCOSUKEE COMMONS DR  
SUITE 104  
TALLAHASSEE, FL 32308 US**

**Mailing Address**

**P.O. BOX 14019  
TALLAHASSEE, FL 32317 US**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP

CR2E037 (11/05)

**4. FEI Number**

**59-3314589**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

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**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DAUGHTRY, TAMMY S  
1815 MICCOSUKEE COMMONS DRIVE  
SUITE #104  
TALLAHASSEE, FL 32308**

**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, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>WILSON, ROBERT M SR.</b>
<b>STREET ADDRESS</b>	<b>2522 CAPITAL CIR NE #4</b>
<b>CITY-ST-ZIP</b>	<b>TALLAHASSEE, FL</b>
<b>TITLE</b>	<b>VPD</b>
<b>NAME</b>	<b>WALIMOHAMED, MOHAMED A</b>
<b>STREET ADDRESS</b>	<b>1099 NIGHTINGALE AVE</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI SPRINGS, FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>LEE, DONALD</b>
<b>STREET ADDRESS</b>	<b>3066 CAMELLIA WOOD CIRCLE E</b>
<b>CITY-ST-ZIP</b>	<b>TALLAHASSEE, FL 32301</b>
<b>TITLE</b>	<b>ST</b>
<b>NAME</b>	<b>WILSON, JUDY</b>
<b>STREET ADDRESS</b>	<b>1471 TIMBERLAND RD SUITE 120-6</b>
<b>CITY-ST-ZIP</b>	<b>TALLAHASSEE, FL 32312</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>KHEN, DONALD</b>
<b>STREET ADDRESS</b>	<b>3111 CAMELLIAWOOD CIR WEST</b>
<b>CITY-ST-ZIP</b>	<b>TALLAHASSEE, FL 32301</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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

Date

Daytime Phone #