2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N94000000174

Entity Name: BONAVENTURE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3314589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: WILSON, JUDY
Address: 1418 MILLSTREAM ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP ( ) Delete
Name: KLEIN, DONALD
Address: 3060 CAMELLIAWOOD CIRCLE EAST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP ( ) Delete
Name: CLARKE, FAITH
Address: 3048 CAMELLIAWOOD CIRCLE EAST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS ( ) Delete
Name: BARNHILL, JENNIFER
Address: 3140 CAMELLIAWOOD CIRCLE EAST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT ( ) Delete
Name: GROSZ, MILT
Address: 3135 CAMELLIAWOOD CIRCLE WEST
City-St-Zip: TALLAHASSEE, FL 32301

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: DS (X) Change ( ) Addition
Name: TUMMINIA, TOM
Address: 3134 CAMELLIAWOOD CIRCLE WEST
City-St-Zip: TALLAHASSEE, FL 32301

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: DONALD KLEIN DP 04/25/2009

Electronic Signature of Signing Officer or Director — Date