

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -9 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300001483363  
-05/10/95--01111--020  
\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Martinham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # *N 94000000174*

1. Corporation Name  
*Bonaventure Homeowners Assoc, Inc*

Principal Place of Business Mailing Address  
*2522 Capital Cir, NE #4  
Tallahassee, Fla. 32308*

3. Date Incorporated or Qualified *1/12/94*

3a. Date of Last Report

4. FEI Number

L Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for initial year tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

*Robert M. Wilson  
2522 Capital Cir NE #4  
Tallahassee, Fla. 32308*

10. Name and Address of New Registered Agent

81 Name *Judy A Wilson*

82 Street Address (P.O. Box Numbers Not Acceptable) *2522 Capital Cir. N.E. #4*

83 City *Tallahassee*

84 City *FL*

85 Zip Code *32308*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Judy A Wilson* *Judy A Wilson* *5-9-95*

(NOTE: Registered Agent signature required when registering.) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Judy A Wilson* *5-9-95 (904) 893-4321*

(NOTE: Signature of signing officer or director) (Date)