

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

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90039 028 ****61.25

DOCUMENT # N95000003324

1. Entity Name
**VACATION VILLAGE AT BONAVENTURE MASTER
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**401 RAQUET CLUB ROAD
FT LAUDERDALE, FL 33324 US**

Mailing Address
**16461 RACQUET CLUB ROAD
WESTON, FL 33326 US**



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0618603

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

**GREENSPOON, MARDER, HIRSCHFELD & RAFKIN, PA
1704 NORTH OCEAN BLVD.
STE 3005 B
POMPANO BEACH, FL 33062**

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
OTTINO, J. P
3015 N. OCEAN BLVD., SUITE 121
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
FOSTER, REBECCA
3015 NORTH OCEAN BLVD., SUITE 121
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
FEIRSTEIN, JANICE
16461 RACQUET CLUB RD
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Hreas

2/1/06

Date

Daytime Phone #

9543858599