


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**


**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
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0618603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	
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U00000923136  
 05/16/08-80018-024 61.25

**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:** Janice Feirstein, Sec 4/27/08 9543858599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #