

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 723466

**Entity Name:** BONA VISTA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jun 11, 2018**  
**Secretary of State**  
**CC4847786609**

**Current Principal Place of Business:**

3375 N COUNTRY CLUB DR  
OFFICE  
AVENTURA, FL 33180

**Current Mailing Address:**

3375 N COUNTRY CLUB DR  
OFFICE  
AVENTURA, FL 33180

**FEI Number: 13-2753711**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKRLD, INC  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 US

*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: GARY MARS, ESQ.**

**06/11/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRANGER, MIGUEL  
Address        3375 N COUNTRY CLUB DR  
                  OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            GERBER, CHERYL  
Address        3375 N COUNTRY CLUB DR  
                  OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            ALMODOVAR, MILAGROS  
Address        3375 N COUNTRY CLUB DR  
                  OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            GONZALEZ, MARIANO  
Address        3375 N COUNTRY CLUB DR  
                  OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            TREASURER  
Name            D'AMATO, CLAUDIA  
Address        3375 N COUNTRY CLUB DR  
                  OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            ORLANSKY, JULIAN  
Address        3375 N COUNTRY CLUB DR  
                  OFFICE  
City-State-Zip: AVENTURA FL 33180

Title            SECRETARY  
Name            ROSENTHAL, JERI  
Address        3375 N COUNTRY CLUB DR  
                  OFFICE  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE: MIGUEL BRANGER**

**PRESIDENT**

**06/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date