

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 723755

Entity Name: BONAVIDA CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

20100 WEST COUNTRY CLUB DRIVE
MGMT OFFICE
AVENTURA, FL 33180

Current Mailing Address:

C/O AFFINITY MANAGEMENT SERVICES
8200 NW 41ST STREET SUITE 200
DORAL , FL 33166 US

FEI Number: 13-2753714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, PA
4000 HOLLYWOOD BLVD
SUITE 265-SOUTH
HOLLYWOOD , FL 33021 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: BRENDA FRIEND

06/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RODRIGUEZ, CARLOS
Address C/O AFFINITY MANAGEMENT SERVICES
 8200 NW 41ST STREET SUITE 200
City-State-Zip: DORAL FL 33166

Title VP
Name PORRAS, JUAN
Address C/O AFFINITY MANAGEMENT SERVICES
 8200 NW 41ST STREET SUITE 200
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name MILIANI, PABLO
Address C/O AFFINITY MANAGEMENT SERVICES
 8200 NW 41ST STREET SUITE 200
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name SCHMALBACH, MARIA
Address C/O AFFINITY MANAGEMENT SERVICES
 8200 NW 41ST STREET SUITE 200
City-State-Zip: DORAL FL 33166

Title SECRETARY
Name FREITAS, JASON C.M.
Address C/O AFFINITY MANAGEMENT SERVICES
 8200 NW 41ST STREET SUITE 200
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name SERRA, ANDRES
Address C/O AFFINITY MANAGEMENT SERVICES
 8200 NW 41ST STREET SUITE 200
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name KOHN, ISRAEL
Address C/O AFFINITY MANAGEMENT SERVICES
 8200 NW 41ST STREET SUITE 200
City-State-Zip: DORAL FL 33166

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: RODRIGUEZ , CARLOS

PRESIDENT

06/17/2021

