

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740165

Entity Name: VILLAS OF BONAVENTURE AT BONAVENTURE 40 WEST
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O T&G MANAGEMENT SERVICES, INC.
18001 OLD CUTLER ROAD SUITE #643
PALMETTO BAY, FL 33157**Current Mailing Address:**C/O T&G MANAGEMENT SERVICES, INC.
18001 OLD CUTLER ROAD SUITE 643
PALMETTO BAY, FL 33157 US**FEI Number: 59-1913631****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	SMITH, ROBIN
Address	18001 OLD CUTLER ROAD 643
City-State-Zip:	PALMETTO BAY FL 33157

Title	DIRECTOR
Name	EDREI , ALEXANDER
Address	18001 OLD CUTLER ROAD 643
City-State-Zip:	PALMETTO BAY FL 33157

Title	TREASURER
Name	MATHISON, KENNETH
Address	18001 OLD CUTLER ROAD 643
City-State-Zip:	PALMETTO BAY FL 33157

Title	PRESIDENT
Name	CAREATHERS, ROCHELLE
Address	18001 OLD CUTLER ROAD 643
City-State-Zip:	PALMETTO BAY FL 33157

Title	SECRETARY
Name	KNIGHT, HAMISH SCOTT
Address	18001 OLD CUTLER ROAD 643
City-State-Zip:	PALMETTO BAY FL 33157

Title	DIRECTOR
Name	VANHOVEN, ARTHUR
Address	18001 OLD CUTLER ROAD SUITE 643
City-State-Zip:	PALMETTO BAY FL 33157

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: ARTHUR VANHOVEN**DIRECTOR****03/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date