Entity Name: VILLAS OF BONAVENTURE AT BONAVENTURE 40 WEST CONDOMINIUM ASSOCIATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:

DOCUMENT# 740165

C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643 PALMETTO BAY, FL 33157 US

FEI Number: 59-1913631

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE PA 1900 N. 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 | E: DAVID BROUGH | | | 04/28/2016 |
|-----------------|--|-----------------|------------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | DIRECTOR | Title | TD | |
| Name | SMITH, ROBIN | Name | WILBER, RICHARD | |
| Address | 18001 OLD CUTLER ROAD 643 | Address | 18001 OLD CUTLER ROAD 643 | |
| City-State-Zip: | PALMETTO BAY FL 33157 | City-State-Zip: | PALMETTO BAY FL 33157 | |
| Title | DIRECTOR | Title | PRESIDENT | |
| Name | EDREI, ALEXANDER | Name | KNIGHT, HAMISH SCOTT | |
| Address | 18001 OLD CUTLER ROAD 643 | Address | 18001 OLD CUTLER ROAD 643 | |
| City-State-Zip: | PALMETTO BAY FL 33157 | City-State-Zip: | PALMETTO BAY FL 33157 | |
| Title | DIRECTOR | Title | SECRETARY | |
| Name | MATHISON, KENNETH | Name | CIDAD, BEATRIZ | |
| Address | 18001 OLD CUTLER ROAD 643 | Address | 18001 OLD CUTLER ROAD SUITE 643 | |
| City-State-Zip: | PALMETTO BAY FL 33157 | 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: KNIGHT, HAMISH SCOTT

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

FILED Apr 28, 2016 Secretary of State CC5971259186

Certificate of Status Desired: No

Date