

**2014 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:**315 IVY LANE  
WESTON, FL 33326**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:**CAREATHERS, ROCHELLE  
315 IVY LANE  
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:** CAREATHERS, ROCHELLE

04/18/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	CAREATHERS, ROCHELLE
Address	315 IVY LANE
City-State-Zip:	WESTON FL 33326

Title	SD
Name	VAN HOVEN, ARTHUR
Address	391 IVY LANE
City-State-Zip:	WESTON FL 33326

Title	TD
Name	WILBER, RICHARD
Address	303 IVY LANE
City-State-Zip:	WESTON FL 33326

Title	DIRECTOR
Name	WEIMER, STEPHEN
Address	335 IVY LANE
City-State-Zip:	WESTON FL 33326

Title	DIRECTOR
Name	EDREI , ALEXANDER
Address	383 IVY LANE
City-State-Zip:	WESTON FL 33326

Title	DIRECTOR
Name	BABITZ, BEN
Address	16355 CAMMI LANE
City-State-Zip:	WESTON FL 33326

Title	DIRECTOR
Name	DELGADO, MARIO
Address	351 IVY LANE
City-State-Zip:	WESTON FL 33326

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:** CAREATHERS, ROCHELLE

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04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date