

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

DOCUMENT# 742195

**Entity Name:** VILLAS OF BONAVENTURE AT BONAVENTURE 41  
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1145 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323**Current Mailing Address:**1145 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 US**FEI Number: 59-1913102****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.  
201 ALHAMBRE CIRCLE, 11TH FL  
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: ROBERT BLANCH****02/23/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ESTE, ROMMEL  
Address        1145 SAWGRASS CORPORATE PKWY  
City-State-Zip:    SUNRISE FL 33323

Title            VP  
Name            GUDINO, JUAN  
Address        C/O MIAMI MANAGEMENT, INC  
                  1145 SAWGRASS CORPORATE PKWY  
City-State-Zip:    SUNRISE FL 33323

Title            BOARD CONSULTANT  
Name            AMPARAN JIMENEZ, EVENCIO  
                  MIGUEL  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORPORATE PKWY  
City-State-Zip:    SUNRISE FL 33323

Title            SECRETARY  
Name            BERTOLINI, DANIELA  
Address        16179 LAUREL DRIVE  
City-State-Zip:    WESTON FL 33326  
  
Title            TREASURER  
Name            WOLF, GUILLERMO  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORPORATE PKWY  
City-State-Zip:    SUNRISE FL 33323

*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: ROMMEL ESTE****PRESIDENT****02/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date