

**2014 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:**

820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**FEI Number:** 59-1913102

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEST BROWARD COMMUNITY MGMT. ANGELA FIORE  
WEST BROWARD COMMUNITY MGMT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 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            PRESIDENT  
Name            VA, DARIO  
Address        820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            SECRETARY  
Name            CORONA, LUIS  
Address        820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            VP  
Name            MORRISON, BLANCA  
Address        820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            TREASURER  
Name            MOORE, DEBORAH  
Address        820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            DIRECTOR  
Name            GONZALEZ, RUBEN  
Address        820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

*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:** LUIS CORONA

**SECRETARY**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date