

2016 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****03/29/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VA, DARIO
Address C/O MIAMI MANAGEMENT, INC
 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title VP
Name MORRISON, BLANCA
Address C/O MIAMI MANAGEMENT, INC
 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name GONZALEZ, RUBEN
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 MOORE, DEBORAH
Address C/O MIAMI MANAGEMENT, INC.
 1145 SAWGRASS CORPORATE PKWY
City-State-Zip: SUNRISE FL 33323

Title BOARD CONSULTANT
Name WOLF, GUILLERMO M
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: DARIO VA**PRESIDENT****03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date