2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742263

Entity Name: SADDLE CLUB GARDEN APARTMENTS AT BONAVENTURE 41

CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 25, 2019
Secretary of State
4191903639CC

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US

FEI Number: 59-1913101 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title OFFICER Title S

Name CARFI, ALDO Name SAMOTNY, ESTELLE

Address C/O MIAMI MANAGEMENT, INC Address C/O MIAMI MANAGEMENT, INC

1145 SAWGRASS CORPORATE PKWY 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title PRESIDENT Title OFFICER

Name LINETT, JOYCE Name DE LA TORRE, MYRIAM

Address C/O MIAMI MANAGEMENT, INC Address C/O MIAMI MANAGEMENT, INC.

1145 SAWGRASS CORPORATE PKWY 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title TREASURER

Name MARTINEZ, MARIA C

Address 1145 SAWGRASS CORPORATE

PARKWAY

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: ALDO CARFI PRESIDENT 04/25/2019