

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742263

Entity Name: SADDLE CLUB GARDEN APARTMENTS AT BONAVENTURE 41
CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 23, 2018
Secretary of State
CC9290743556**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
Name	CARFI, ALDO
Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	P
Name	LINETT, JOYCE
Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	OFFICER
Name	DE LA TORRE, MYRIAM
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	S
Name	SAMOTNY, ESTELLE
Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	T
Name	WERNIKOFF, RITA
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: JOYCE LINETT**PRESIDENT****02/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date