

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742263

FILED
Mar 17, 2020
Secretary of State
2021554145CC**Entity Name:** SADDLE CLUB GARDEN APARTMENTS AT BONAVENTURE 41
CONDOMINIUM ASSOCIATION, INC.**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 CARTWRIGHT, EVELINE
Address C/O MIAMI MANAGEMENT, INC
1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

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

City-State-Zip: SUNRISE FL 33323

Title VP
Name MARTINEZ, MARIA C
Address 1145 SAWGRASS CORPORATE
PARKWAY

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 TREASURER
Name DE LA TORRE, MYRIAM
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****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date