

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 12, 2013
Secretary of State
CC6991547594

Entity Name: VILLAS AT BONAVENTURE IN TRACT 37 NORTH
CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

FEI Number: 59-2001078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMNET
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 SECRETARY
Name KATCHER, LUCIE
Address 16049 FAIRWAY CIRCLE
City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name ROSENBLOOM, HARVEY
Address 260 FAIRWAY CIRCLE
City-State-Zip: FT. LAUDERDALE FL 33326

Title P
Name KIEL, ILISA
Address 278 FAIRWAY CIRCLE #78
City-State-Zip: WESTON FL 33326

Title D
Name BIAL, IVAN
Address 262 FAIRWAY CIRCLE #82
City-State-Zip: WESTON FL 33326

Title D
Name O'MARA, GERI
Address 274 FAIRWAY CIRCLE #79
City-State-Zip: WESTON FL 33326

Title D
Name SALAMONE, BETH
Address 16022 FAIRWAY TERRACE #117
City-State-Zip: WESTON FL 33326

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: ILISA KIEL

PRESIDENT

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date