

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752906

FILED
Apr 09, 2014
Secretary of State
CC1977785375

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, TREASURER
Name KATCHER, LUCIE
Address C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name ROSENBLOOM, HARVEY
Address C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name KIEL, ILISA
Address C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title PRESIDENT
Name BIAL, IVAN
Address C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title D
Name O'MARA, GERI
Address C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title VP
Name SALAMONE, BETH
Address C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

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: LUCIE KATCHER

SECRETARY

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date