## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 752906** 

Entity Name: VILLAS AT BONAVENTURE IN TRACT 37 NORTH

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: 59-2001078 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDER, MICHAEL S ESQ. 1200 PARK CENTRAL BOULEVARD SOUTH POMPANO BEACH, FL 33064 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: MICHAEL S BENDER ESQ 03/30/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title DIRECTOR

Name ACEVEDO, LINDA Name SALCEDO, ARMANDO

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 SECRETARY Title PRESIDENT

Name THOMPSON, AMANDA Name WILLIAMS, DIANA

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 VP

Name SCHRAGER, ROSLYN

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: DIANA WILLIAMS PRESIDENT 03/30/2016

FILED Mar 30, 2016

Secretary of State

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