

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 752906

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

Current Principal Place of Business:

C/O WEST BROWARD COMM MGMT
820 S STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

C/O WEST BROWARD COMM MGMT
820 S 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 MANAGEMENT
WEST BROWARD COMM MGMT
820 S 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: ANGELA FIORE

05/13/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BIAL, IVAN
Address C/O WEST BROWARD COMM MGMT
 820 S STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title SECRETARY/TREASURER
Name KIEL, ILISA
Address C/O WEST BROWARD COMM MGMT
 820 S STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title VICE PRESIDENT
Name SALAMONE, BETH
Address C/O WEST BROWARD COMM MGMT
 820 S STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name ESTRADA, SANDRA
Address C/O WEST BROWARD COMM MGMT
 820 S STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name OSORIO, MARILUZ
Address C/O WEST BROWARD COMM MGMT
 820 S 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: IVAN BIAL

PRESIDENT

05/13/2016

