

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 752906

**FILED**  
**Oct 11, 2017**  
**Secretary of State**  
**CR4806499351**

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

**Current Principal Place of Business:**

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:**

MIAMI MANAGEMENT INC  
MIAMI MANAGEMENT, INC  
1145 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 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: ROSIBEL MENA**

**10/11/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BIAL, IVAN  
Address        C/O MIAMI MANAGEMENT, INC  
                  1145 SAWGRASS CORPORATE PKWY  
  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            HORNE, ROBERTHA  
Address        C/O MIAMI MANAGEMENT, INC  
                  1145 SAWGRASS CORPORATE PKWY  
  
City-State-Zip: SUNRISE FL 33323

Title            VICE PRESIDENT  
Name            SALAMONE, BETH  
Address        C/O MIAMI MANAGEMENT, INC  
                  1145 SAWGRASS CORPORATE PKWY  
  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            ESTRADA, SANDRA  
Address        C/O MIAMI MANAGEMENT, INC  
                  1145 SAWGRASS CORPORATE PKWY  
  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            OSORIO, MARILUZ  
Address        C/O MIAMI MANAGEMENT, INC  
                  1145 SAWGRASS CORPORATE PKWY  
  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            SCOTT, ROY  
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: IVAN BIAL**

**BP**

**10/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date