

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007934

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC8942455911**

**Entity Name:** VENTURE AT AVENTURA MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

18800 NE 29 AVENUE  
AVENTURA, FL 33180

**Current Mailing Address:**

18800 NE 29TH AVE  
C/O MANAGEMENT OFFICE # 1200  
AVENTURA, FL 33180 US

**FEI Number:** 20-3260453

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PEYTON BOLIN, PL  
3343 W COMMERCIAL BLVD STE 100  
FT LAUDERDALE, FL 33309 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            PRESIDENT  
Name            MOSHEL, CLAUDINE  
Address        18800 NE 29 AVE  
                  #429  
City-State-Zip: AVENTURA FL 33180

Title            S  
Name            FLIAKOS, DIMITRIOS  
Address        18800 NE 29 AVENUE  
                  APT 330  
City-State-Zip: AVENTURA FL 33180

Title            TREASURER  
Name            MITCHEL , DRIMMER  
Address        18800 NE 29TH AVE  
                  812  
City-State-Zip: AVENTURA FL 33180

*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:** MOSHEL , CLAUDINE

**PRESIDENT**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date