

723755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BONAVIDA CONDOMINIUM ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: 723755

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Brough

Name of Contact Person

Brough, Chadrow & Levine, P.A.

Firm/Company

2149 North Commerce Parkway

Address

Weston, FL 33326

City/State and Zip Code

dbrough@bclpa-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Brough

Name of Contact Person

at (954) 384-0732

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 19 PM 12:31

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BONAVIDA CONDOMINIUM ASSOCIATION, INC
2. The principal office address: MGMT OFFICE
20100 WEST COUNTRY CLUB DRIVE AVENTURA, FL 33180
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/28/1972 Document number: 723755

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brough, Chadrow & Levine, P.A.

1900 North Commerce Parkway

Weston, FL 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brough, Chadrow & Levine, P.A.

2149 North Commerce Parkway

P.O. Box NOT acceptable

Weston, FL 33326

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

Mavis Gellerman
Signature of an officer or director

Mavis Gellerman, VP
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

5/16/16
Date

If signing on behalf of an entity:

L B Nov 11
Typed or Printed Name

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314