

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-08-2000 90218 012 ****61.25

DOCUMENT # 745340

1. Entity Name

BUILDING 1B OF COUNTRY CLUB APARTMENTS AT BONAVE

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Principal Place of Business 16400 GOLF CLUB RD. #313 WESTON FL 33326-1444	Mailing Address 16400 GOLF CLUB RD. #313 WESTON FL 33326-1670
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1913096	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NORDE MGNT CO
6047 KIMBERLY BLVD
SUITE N
FT. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME SCHWARTZ, ROY	
STREET ADDRESS 16400 GOLF CLUB RD., #111	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE PD	<input type="checkbox"/> Delete
NAME MONTANA, PETER	
STREET ADDRESS 18400 GOLF CLUB RD., #213	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE VD	<input type="checkbox"/> Delete
NAME RANDER, SHELDON	
STREET ADDRESS 16400 GOLF CLUB RD., #212	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE D	<input type="checkbox"/> Delete
NAME BEREBITSKY, DAVID	
STREET ADDRESS 18400 GOLF CLUB RD., #201	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE D	<input type="checkbox"/> Delete
NAME NESTLER, BERTRAM	
STREET ADDRESS 18400 GOLF CLUB ROAD #203	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE STD	<input type="checkbox"/> Delete
NAME ALMENDOS, MARIA	
STREET ADDRESS 16400 GOLF CLUB ROAD #313	
CITY-ST-ZIP FORT LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR12E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

Peter J. Montana 6/2/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #