

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90049 026 ****61.25

DOCUMENT # 745340

1. Entity Name

**BUILDING 1B OF COUNTRY CLUB APARTMENTS AT
BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**16400 GOLF CLUB RD.
#313
WESTON, FL 33326-1444**

Mailing Address

**16400 GOLF CLUB RD.
#313
WESTON, FL 33326-1444**

40007572



01072005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-1913096

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHOENIX MGMT
4780 N STATE RD 7 STE E250
LAUDERDALE LAKES, FL 33319**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Peter J. Montana

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONTANA, PETER
STREET ADDRESS	16400 GOLF CLUB RD., #213
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	TORRES, HORTENSIA
STREET ADDRESS	16400 GOLF CLUB RD APT 310
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	BEREBITSKY, DAVID
STREET ADDRESS	16400 GOLF CLUB RD., #201
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	HYANS, LEONARD
STREET ADDRESS	16400 GOLF CLUB RD., #205
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VP
NAME	SEMERIA, AUGUSTERINE
STREET ADDRESS	16400 GOLF CLUB RD #104
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Peter J. Montana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #