

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 745340

Entity Name: BUILDING 1B OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16400 GOLF CLUB RD.
#313
WESTON, FL 333261444

New Principal Place of Business:

Current Mailing Address:

PHOENIX MGMT
4780 N. STATE RD 7 E250
FORT LAUDERDALE, FL 33319

New Mailing Address:

PHOENIX MANAGEMENT
4800 NORTH STATE ROAD 7, SUITE 105
LAUDERDALE LAKES, FL 33319

FEI Number: 59-1913096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PHOENIX MANAGEMENT
4800 NORTH STATE ROAD 7, SUITE 105
LAUDERDALE LAKES, FL 33319 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: SHELDON GOLDBERG

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTANA, PETER
Address: 16400 GOLF CLUB RD. #213
City-St-Zip: FT. LAUDERDALE, FL

Title: D () Delete
Name: TORRES, HORTENSIA
Address: 16400 GOLF CLUB RD APT 310
City-St-Zip: FT. LAUDERDALE, FL

Title: VP () Delete
Name: SEMERIA, AUGUSTERINE
Address: 16400 GOLF CLUB RD #104
City-St-Zip: WESTON, FL 33326

Title: STD () Delete
Name: HYAMS, DORIS
Address: 16400 GOLF CLUB RD #205
City-St-Zip: WESTON, FL 33306

Title: D () Delete
Name: ALMENDROS, MARIA
Address: 16400 GOLF CLUB RD., 313
City-St-Zip: WESTON, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MONTANA, PETER
Address: 16400 GOLF CLUB RD. #213
City-St-Zip: FT. LAUDERDALE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SEMERIA, AUGUSTINE
Address: 16400 GOLF CLUB RD #104
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AUGUSTINE SEMERIA

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date