

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/2

01-27-2003 90317 002 ****61.25

DOCUMENT # 745340

1. Entity Name

**BUILDING 1B OF COUNTRY CLUB APARTMENTS AT BONAVE
NTURE 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1913096**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORDE MGNT CO
6047 KIMBERLY BLVD
SUITE N
FT. LAUDERDALE FL 33068**

Name

Phoenix Mgmt.

Street Address (P.O. Box Number is Not Acceptable)

1780 N. ST. Rd. 17 Ste E250

City

Lauderdale Lakes

FL

Zip Code

33319

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **D SCHWARTZ, ROY**
STREET ADDRESS **16400 GOLF CLUB RD., #111**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME **PD MONTANA, PETER**
STREET ADDRESS **16400 GOLF CLUB RD., #213**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☒ Delete
NAME **VD BANDER, SHELDON**
STREET ADDRESS **16400 GOLF CLUB RD., #212**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME **D BEREBITSKY, DAVID**
STREET ADDRESS **16400 GOLF CLUB RD., #201**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME **STD HYANS, LEONARD**
STREET ADDRESS **16400 GOLF CLUB RD., #205**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME **D SEMERIA, AUGUSTERINE**
STREET ADDRESS **16400 GOLF CLUB RD #104**
CITY-ST-ZIP **WESTON FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **DEEAS CO.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **HORTENSIA TALLS**
CITY-ST-ZIP **16400 GOLF CLUB RD APT 310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

954-389-9151

Daytime Phone #

CR2E037 (10/02)