

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745885 (4)**

1. Corporation Name  
**BUILDING SEVEN OF COUNTRY CLUB APARTMENTS AT BON  
AVENTURE 32 CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 FEB 15 PM 3: 14**

Principal Place of Business Mailing Address  
16614 SADDLE CLUB ROAD #208 FT LAUDERDALE FL FL 33326-1444 US  
16614 SADDLE CLUB ROAD #208 FT LAUDERDALE FL FL 33326-1444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/08/1979** 3a. Date of Last Report **02/15/1994**  
4. FEI Number **59-1920125** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BUDDCO MANAGEMENT**  
**16614 SADDLE CLUB ROAD**  
**FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	GRUEN, HARRY
STREET ADDRESS	16325 GOLF CLUB RD.
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	VD
NAME	SILVERBERG, LORETTA G.
STREET ADDRESS	16325 GOLF CLUB ROAD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	LESTIN, CHARLES
STREET ADDRESS	16325 GOLF CLUB RD.
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	PD
NAME	PALAY, DONALD M.
STREET ADDRESS	16325 GOLF CLUB RD.
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	WOLFE, SARAH
STREET ADDRESS	16325 GOLF CLUB RD
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD SHORR, MURRAY
4.3 STREET ADDRESS	16325 GOLF CLUB RD
4.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33326
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D PALAY, DONALD
6.3 STREET ADDRESS	16325 GOLF CLUB RD
6.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33326

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Murray Shorr 2/7/95 305-384-6565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Phone #)