

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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.



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

3. Date Incorporated or Qualified: 02/08/1979
3a. Date of Last Report: 02/15/1995

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-1920125 | Not Applicable |
| Suite, Apt. #, etc | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 24 | 29 | | |
| Country | Country | | |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUDCO MANAGEMENT
16614 SADDLE CLUB ROAD
FT. LAUDERDALE FL 33326

| | |
|----|--|
| 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRUEN, HARRY | 1.2 NAME | |
| STREET ADDRESS | 16325 GOLF CLUB RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERBERG, LORETTA G. | 2.2 NAME | |
| STREET ADDRESS | 16325 GOLF CLUB ROAD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESTIN, CHARLES | 3.2 NAME | |
| STREET ADDRESS | 16325 GOLF CLUB RD. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | FORT LAUDERDALE FL | 3.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHORR, MURRAY | 4.2 NAME | |
| STREET ADDRESS | 16325 GOLF CLUB RD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT LAUDERDALE FL | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLFE, SARAH | 5.2 NAME | |
| STREET ADDRESS | 16325 GOLF CLUB RD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT LAUDERDALE FL | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALAY, DONALD | 6.2 NAME | |
| STREET ADDRESS | 16325 GOLF CLUB RD | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT LAUDERDALE FL | 6.4 CITY - ST - ZIP | |

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Murray Shorr

CR2E037 (12/95)