


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90014 007 \*\*\*\*61.25

66003218

<b>DOCUMENT # 745885</b>			
1. Entry Name <b>BUILDING SEVEN OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 4780 N. STATE ROAD 7, STE. E250 LAUDERDALE LAKES, FL 33319 US		Mailing Address 4780 N. STATE ROAD 7, STE. E250 LAUDERDALE LAKES, FL 33319 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHOENIX MANAGEMENT SERVICES, INC. 4780 N. STATE ROAD 7, STE. E250 LAUDERDALE LAKES, FL 33319		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HARLIN, REBECCA <input type="checkbox"/> Delete	TITLE	DD STRONGEN, STUART <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	16325 GOLF CLUB RD., #311	NAME	16325 GOLF CLUB ROAD
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	WESTON, FL 33326
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD STEWART, NAOMI <input checked="" type="checkbox"/> Delete	TITLE	VPD LAZARUS, IRVING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	16325 GOLF CLUB RD., #201	NAME	16325 GOLF CLUB ROAD
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	WESTON, FL 33326
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD HARLIN, JAMES <input type="checkbox"/> Delete	TITLE	SD MISSAGLIA, ENRIQUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	16325 GOLF CLUB RD., #311	NAME	16325 GOLF CLUB ROAD # 206
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	WESTON, FL 33326
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LESTIN, CHARLES <input type="checkbox"/> Delete	TITLE	
NAME	16325 GOLF CLUB RD., #203	NAME	
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HAYWOOD-ZIEGLER, MARY LEE <input checked="" type="checkbox"/> Delete	TITLE	
NAME	16325 GOLF CLUB RD., APT. #204	NAME	
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>James Harlin</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

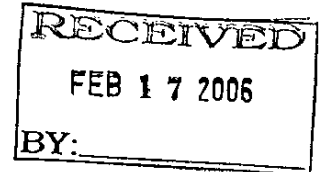


ATTACHMENT

66003218

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2006



BUILDING SEVEN OF COUNTRY CLUB APARTMENTS AT BONAVENTUR  
4780 N. STATE ROAD 7, STE. E250  
LAUDERDALE LAKES, FL 33319 US

Subject: BUILDING SEVEN OF COUNTRY CLUB APARTMENTS AT

Reference Number: 745885

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION