

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 745885

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

Current Principal Place of Business:

4800 N. STATE ROAD 7, STE. E105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4800 N. STATE ROAD 7, STE. E105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 59-1920125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES, INC.
4800 N. STATE ROAD 7, STE. E105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V (X) Delete
Name: BAKER, ELAINE R
Address: 16325 GOLF CLUB RD 210
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: S () Delete
Name: ACOSTA, WILLIAM
Address: 16326 GOLF CLUB RD 302
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: TD () Delete
Name: HARLIN, JAMES
Address: 16325 GOLF CLUB RD., #311
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: MISAGLIA, ENRIQUE
Address: 16325 GOLF CLUB RD #206
City-St-Zip: WESTON, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change () Addition
Name: DECOSTA, CHARLES
Address: 16325 GOLF CLUB RD #211
City-St-Zip: WESTON, FL 33326

Title: V () Change (X) Addition
Name: MORFA, FELIX E
Address: 16325 GOLF CLUB RD
City-St-Zip: WESTON, FL 33326

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: JAMES H. HARLIN

TD

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date