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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746317

1. Corporation Name

**BUILDING EIGHT OF COUNTRY CLUB APARTMENTS AT BON
 AVENTURE 32 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

C/O NORDE MANAGEMENT CORP
 6047 KIMBERLY BLVD STE N
 N LAUDERDALE FL 33068

Mailing Address

C/O NORDE MANAGEMENT CORP
 6047 KIMBERLY BLVD STE N
 N LAUDERDALE FL 33068



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/20/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1939606

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERKHEIMER, EDWARD R
 6047 KIMBERLY BLVD STE N
 N LAUDERDALE FL 33068**

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 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 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 **VD** DELETE
 NAME **FREEDMAN, WILLARD**
 STREET ADDRESS **16401 GOLF CLUB RD #204**
 CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **STD** DELETE
 NAME **COTLER, MARILYN**
 STREET ADDRESS **16401 GOLF CLUB ROAD #308**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **PD** DELETE
 NAME **SCHUSTER, SIDNEY**
 STREET ADDRESS **16401 GOLF CLUB RD 212**
 CITY-ST-ZIP **FT LAUDERDALE FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **WEINSTEIN, MORRIS**
 STREET ADDRESS **16401 GOLF CLUB RD, #105**
 CITY-ST-ZIP **FT LAUDERDALE FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Sidney Schuster SIGNATURE REQUIRED **Schuster 5-10-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)