

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED.

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747084** (2)

1. Corporation Name
**BUILDING SIX OF COUNTRY CLUB APARTMENTS AT BONAV
ENTURE 32 CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
16251 GOLF CLUB ROAD #310 FT LAUDERDALE FL 33326

3. Date Incorporated or Qualified **05/06/1979** 3a. Date of Last Report **02/08/1994**

4. FEI Number **59-1920127** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

State, Apt. #, etc. State, Apt. #, etc.
22 **27**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fee**

City & State City & State
23 **28**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for changing tax under § 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BERKHEIMER, JERRY D
6047 KIMBERLY BLVD. STE N
N. LAUDERDALE FL 33068**

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 agent 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 _____ DATE _____
Signature typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKMAN, STANLEY	12 NAME	
STREET ADDRESS	16251 GOLF CLUB RD	13 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	14 CITY, ST, ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMEN, PAUL G.	22 NAME	
STREET ADDRESS	16251 GOLF CLUB RD	23 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	24 CITY, ST, ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLENE, LOU	32 NAME	
STREET ADDRESS	16251 GOLF CLUB RD	33 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFASSA, MARGARET	42 NAME	FILKER, FRED
STREET ADDRESS	16251 GOLF CLUB RD	43 STREET ADDRESS	16251 GOLF CLUB ROAD #307
CITY, ST, ZIP	FT LAUDERDALE FL	44 CITY, ST, ZIP	FT. LAUDERDALE, FL. 33326
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, GERSHEN	52 NAME	
STREET ADDRESS	16251 GOLF CLUB ROAD #112	53 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE, FL. 33326	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(b), 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: *Stanley Bookman* DATE: *4/12/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *STANLEY BOOKMAN* DAYTON NUMBER: *305-389-4559*