


FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747084** (2)

1. Corporation Name

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



Principal Place of Business	Mailing Address
16251 GOLF CLUB ROAD #307 FT LAUDERDALE FL 33326	16251 GOLF CLUB ROAD #307 FT LAUDERDALE FL 33326-1658

3. Date Incorporated or Qualified 05/06/1979	3a. Date of Last Report 03/30/1996
4. FEI Number 59-1920127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, SHELDON
441 5 ST. RD. 7 SUITE 4
MARGATE 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	
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHENCK, DOUG
STREET ADDRESS	16251 GOLF CLUB RD. APT. #109
CITY-ST-ZIP	FT. LAUD FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KAMEN, PAUL G.
STREET ADDRESS	16251 GOLF CLUB RD # 110
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D/VP <input type="checkbox"/> DELETE
NAME	YACHNOWRTZ, JERRY
STREET ADDRESS	16251 GOLF CLUB ROAD #310
CITY-ST-ZIP	FT. LAUD FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FILKER, FRED
STREET ADDRESS	16251 GOLF CLUB RD #307
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WARREN, GERSHEN
STREET ADDRESS	16251 GOLF CLUB RD #112
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ruggin, Howard
6.3 STREET ADDRESS	16251 Golf Club Rd # 206
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326

14. I do 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.

SIGNATURE: **Sandra B. Mortham** **REDAINED** **SCHENCK, Doug** **4/28/97** **389-5885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0037340

CR2E037 (9/96)