

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 16251 GOLF CLUB ROAD #307 FT LAUDERDALE FL 33326	Mailing Address 16251 GOLF CLUB ROAD #307 FT LAUDERDALE FL 33326
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3. Date Incorporated or Qualified 05/06/1979		
4. FEI Number 59-1920127	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. GABLES PROPERTY MANAGEMENT, INC.	Suite, Apt. #, etc. GABLES PROPERTY MANAGEMENT, INC.
City & State 3300 CORPORATE AVE., SUITE 110 WESTON, FLORIDA 33331	City & State 3300 CORPORATE AVE., SUITE 110 WESTON, FLORIDA 33331
Zip 33331	Zip 33331
Country U.S.A.	Country U.S.A.

9. Name and Address of Current Registered Agent GOLDBERG, SHELDON 441 S ST. RD. SUITE 4 MARGATE FL 33068	10. Name and Address of New Registered Agent 61 Name CARMEN GANS / GABLES PROPERTY MGMT. 62 Street Address (P.O. Box Number is Not Acceptable) 3300 CORPORATE AVE. 63 SUITE 110 64 City WESTON FL 65 Zip Code 33331
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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 Carmen Gans **CARMEN GANS, PROPERTY MANAGER** **3/12/98**
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 PD	<input type="checkbox"/> DELETE
NAME SCHENCK, DOUG	
STREET ADDRESS 16251 GOLF CLUB RD. APT. #109	
CITY-ST-ZIP FT. LAUD FL 33326	
TITLE SD	<input type="checkbox"/> DELETE
NAME RAPPIN, HOWARD	
STREET ADDRESS 16251 GOLF CLUB RD., #206	
CITY-ST-ZIP FT LAUDERDALE FL 33326	
TITLE DVP	<input type="checkbox"/> DELETE
NAME YACHNOWRTZ, JERRY	
STREET ADDRESS 16251 GOLF CLUB ROAD #310	
CITY-ST-ZIP FT. LAUD FL 33326	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	KAMEN, PAUL
4.4 CITY-ST-ZIP	16251 GOLF CLUB RD. #110 WESTON, FLA. 33326
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	BARROW, TERRY
5.4 CITY-ST-ZIP	16251 GOLF CLUB RD. #306 WESTON, FLA. 33326
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, on this attachment with an address.

SIGNATURE: [Signature] **Pres.** **3/12/98** **3895885**

CF2E037 (10/97)