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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90054 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747084

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

Principal Place of Business 16251 GOLF CLUB ROAD APT 109 FT LAUDERDALE FL 33326	Mailing Address 16251 GOLF CLUB ROAD APT 109 FT LAUDERDALE FL 33326
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2. Principal Place of Business 21 16251 GOLF CLUB ROAD	2a. Mailing Address 26 90 Gables Property Management	3. Date Incorporated or Qualified 05/06/1979
Suite, Apt. #, etc. 22 109	Suite, Apt. #, etc. 27 3300 CORPORATE AVE #110	4. FEI Number 59-1920127
City & State 23 WESTON FL	City & State 28 WESTON FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33326	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33331	Country 30 USA	

9. Name and Address of Current Registered Agent

~~GANS, CARMEN GABLES~~
 3300 CORPORATE AVE
 STE 110
 WESTON FL 33331

10. Name and Address of New Registered Agent

* 81 Name
Gables Property Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
44th LINDA J. O'DONNELL

83 **3300 CORPORATE AVE #110**

84 City
WESTON

85 Zip Code
FL 33331

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]* DATE: **3/18/99**

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 checked="" type="checkbox"/> DELETE
NAME	RAPPIN, HOWARD DROHAN, WILLIAM	
STREET ADDRESS	16251 GOLF CLUB RD., #109	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D/VP	<input type="checkbox"/> DELETE
NAME	YACHNOWRTZ, JERRY	
STREET ADDRESS	16251 GOLF CLUB ROAD #310	
CITY-ST-ZIP	FT LAUD FL 33326	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAMEN, PAUL	
STREET ADDRESS	16251 GOLF CLUB RD #110	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARROW, TERRY	
STREET ADDRESS	16251 GOLF CLUB RD #306	
CITY-ST-ZIP	WESTON FL 33326	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	WESTON, FL 33326	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DROHAN, WILLIAM	
2.3 STREET ADDRESS	16251 GOLF CLUB ROAD # 107	
2.4 CITY-ST-ZIP	WESTON, FL 33326	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	WESTON, FL 33326	
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/18/99** 389 5885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1/98)