



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90072 002 \*\*\*\*\*61.25

<b>DOCUMENT # 747084</b> 1. Entity Name <b>BUILDING SIX OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>16251 GOLF CLUB ROAD WESTON, FL 33326</b>		Mailing Address <b>P.O. BOX 267422 WESTON, FL 33326</b>		<b>CHECK #</b>  <b>AMOUNT</b> <span style="font-size: 1.2em;"><b>50065799</b></span> 	
2. Principal Place of Business		3. Mailing Address		08022005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-1920127</b>	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHEONIX MANAGMENT SERVICES 4780 NORTH STATE ROAD 7 SUITE E-250 LAUDERDALE LAKES, FL 33315</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANE, BILLIE 16251 GOLF CLUB RD. APT. 303 WESTON, FL 33326 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CESLJAREVIC, OLIVERA 16251 GOLF CLUB ROAD #313 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YAMMERINO, VINNIE 16251 GOLF CLUB RD., APT 103 WESTON, FL 33326 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OLIVERO, MICHAEL 16251 GOLF CLUB ROAD #201 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SWINFORD, BONNIE 16251 GOLF CLUB ROAD WESTON, FL 33326 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD BOOKMAN, STAN 16251 GOLF CLUB ROAD WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RIEZENMAN, BUDDY 16251 GOLF CLUB RD WESTON, FL 33326 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MENDOR, SYLVIA 16251 GOLF CLUB RD #309 WESTON, FL 33320 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>F. J. LCA-M</i></u> <span style="float: right;"><i>9-6-05</i></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					