

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 747084

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



FILED

07 APR 25 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
16251 GOLF CLUB ROAD
WESTON, FL 33326

Mailing Address
P.O. BOX 267422
WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04132007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-1920127

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHEONIX MANAGMENT SERVICES
4800 NORTH STATE ROAD 7
SUITE 105
LAUDERDALE LAKES, FL 33319**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DK** Delete
NAME LANE, BILLIE
STREET ADDRESS 16251 GOLF CLUB RD. APT. 303
CITY-ST-ZIP WESTON, FL 33326

TITLE **P** Change Addition
NAME **TERRI DARIAS**
STREET ADDRESS **16251 GOLF CLUB RD APT 111**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **DS** Delete
NAME HOLNESS, PAULINE
STREET ADDRESS 16251 GOLF CLUB ROAD, # 208
CITY-ST-ZIP WESTON, FL 33326

TITLE **VP** Change Addition
NAME **AMERICO TORO**
STREET ADDRESS **16251 GOLF CLUB RD APT 211**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **DT** Delete
NAME **PODESTA, TOM**
STREET ADDRESS 16251 GOLF CLUB ROAD #206
CITY-ST-ZIP WESTON, FL 33326

TITLE **DT** Change Addition
NAME **TOM PODESTA**
STREET ADDRESS **16251 GOLF CLUB RD APT 206**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** Delete
NAME **BOOKMAN, STAN**
STREET ADDRESS 16251 GOLF CLUB RD #113
CITY-ST-ZIP WESTON, FL 33326

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **YAMMERINO, VINCE**
STREET ADDRESS 16251 GOLF CLUB ROAD #103
CITY-ST-ZIP WESTON, FL 33320

TITLE Change Addition
NAME **700102237287**
STREET ADDRESS **05/14/07--01009--002 **61.25**
CITY-ST-ZIP

TITLE **D** Delete
NAME **RIEZEMAN, BUDDY**
STREET ADDRESS 16251 GOLF CLUB ROAD
CITY-ST-ZIP WESTON, FL 33326

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

[Signature] **TOM PODESTA**

4/16/07

240-426-6576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 4/30