

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082008 Chg-NP CR2E037 (12/06)

DOCUMENT # 747084 1. Entity Name BUILDING SIX OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4800 N. STATE RD. 7 SUITE F-105 LAUDERDALE LAKES, FL 33319		Mailing Address 4800 N. STATE RD. 7 SUITE F-105 LAUDERDALE LAKES, FL 33319	
2. Principal Place of Business - No P.O. Box # 18001 Old Cutler Road Suite, Apt. #, etc. SUITE 521		3. Mailing Address 18001 Old Cutler Road Suite, Apt. #, etc. SUITE 521	
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL	
Zip 33157		Zip 33157	
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. Name and Address of Current Registered Agent PHEONIX MANAGMENT SERVICES 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent Name: T & G Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road, Suite 521 City: Palmetto Bay FL Zip Code: 33157	
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: TONY LESTER 8/8/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 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	President Bonnie Swinford 16251 Golf Club Rd Apt 310 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PODESTA, TOM 16251 GOLF CLUB ROAD, APT 206 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Miriam Guerra 16251 Golf Club Rd Apt 105 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOKMAN, STAN 16251 GOLF CLUB RD #113 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ANA ARIAS 16251 Golf Club Rd Apt 213 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMMERINO, VINCE 16251 GOLF CLUB ROAD #103 WESTON, FL 33320 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marie Drohan 16251 Golf Club Rd Apt 107 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEZEMAN, BUDDY 16251 GOLF CLUB ROAD WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700135281807 09/03/08--01012--011 **\$61.25
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 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:		8/8/08 (305) 255-0900	
SIGNATURE AND TITLE OF PRINCIPAL NAME OF SIGNATURE DIRECTOR		Date Daytime Phone #	

TOM Podesta (TREASURER)