

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2009  
Secretary of State

DOCUMENT# 747084

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

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD  
SUITE 521  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18001 OLD CUTLER ROAD  
SUITE 521  
PALMETTO BAY, FL 33157

**New Mailing Address:**

FEI Number: 59-1920127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

T & G MANAGEMENT SERVICES, INC.  
18001 OLD CUTLER ROAD  
SUITE 521  
PALMETTO BAY, FL 33157 US

**Name and Address of New Registered Agent:**

TUCKER & TIGHE  
800 EAST BROWARD BLVD  
SUITE 710  
FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE: TUCKER & TIGHE      04/30/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LANE, BILLIE  
Address: 16251 GOLF CLUB RD. APT. 303  
City-St-Zip: WESTON, FL 33326

Title: DT ( ) Delete  
Name: PODESTA, TOM  
Address: 16251 GOLF CLUB ROAD, APT 206  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: BOOKMAN, STAN  
Address: 16251 GOLF CLUB RD #113  
City-St-Zip: WESTON, FL 33326

Title: P (X) Delete  
Name: SWINFORD, BONNIE  
Address: 16251 GOLF CLUB RD APT 310  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Delete  
Name: GUERRA, MIRIAM  
Address: 16251 GOLF CLUB RD APT 105  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: ARIAS, ANA  
Address: 16251 GOLF CLUB RD APT 213  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM PODESTA      DT      04/30/2009  
Electronic Signature of Signing Officer or Director      Date