

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90183 019 \*\*\*\*61.25

**DOCUMENT # 747173**

1. Entity Name

**BUILDING FIVE OF COUNTRY CLUB APARTMENTS AT BONA**

Principal Place of Business

16175 GOLF CLUB RD #105  
FT. LAUDERDALE FL 33326  
US

Mailing Address

%PHOENIX MANAGEMENT  
541 S STATE RD 7 12  
MARGATE FL 33068  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1920129**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHOENIX MANAGEMENT  
541 S ST RD 7 #12  
MARGATE FL 33068**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIELD, LENOR</b> 16175 GOLF CLUB RD #302 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NEMROW, FRANK</b> 16175 GOLF CLUB RD #312 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WECHSER, NETTIE</b> 16175 GOLF CLUB RD #309 FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSTEL, IRVING</b> 16175 GOLF CLUB RD #206 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CREPEAU, PAUL</b> 16175 GOLF CLUB RD #209 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SHULMAN, BEATRICE</b> 16175 GOLF CLUB RD #102 FT. LAUDERDALE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VPD</b> <b>Frank Nemrow</b> 16175 Golf Club Rd #312 Weston FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SD</b> <b>Nettie Wechter</b> 16175 Golf Club Rd #309 Weston FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Sonia Sealore</b> 16175 Golf Club Rd #110 Weston FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>PD Paul Crepeau</b> 16175 Golf Club Rd #209 Weston FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>Beatrice Shulman</b> 16175 Golf Club Rd #102 Weston FL 33326	<input checked="" 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)