

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 21 AM 9:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 747184 (0)

1. Corporation Name
BUILDING THREE OF COUNTRY CLUB APARTMENTS AT BON AVENTURE 32 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1100 SO STATE RD 7 STE 100 MARGATE FL 33068 US
 1100 SO STATE RD 7 STE 100 MARGATE FL 33068 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1979 3a. Date of Last Report 03/29/1994
 4. FEI Number 59-1919064 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing (Not Filer Contribution) \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 HIGH, STEVE
 1100 SO STATE RD 7
 STE 100
 MARGATE FL 33068

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0507 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature Agent (printed name of registered agent or the Registrar) / P.O. Registered Agent (signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO THE OFFICERS AND DIRECTORS IN 11	
TITLE	PD BRESSLER, GEORGE	1.1 TITLE	D SIROTA, HERMAN
NAME	16200 GOLF CLUB ROAD #301	1.2 NAME	16200 Golf Club Road #213
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	Ft Lauderdale FL
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	D KOSNOFF, ISADORE	2.1 TITLE	D ARONOFF, DR. SID
NAME	16200 GOLF CLUB DR. 110	2.2 NAME	16200 Golf Club Road #311
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	Ft Lauderdale FL
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	D SIBULKIN, SALLY	3.1 TITLE	D HELPERN, WILLIAM
NAME	16200 GOLF CLUB RD, #201	3.2 NAME	16200 Golf Club Road #111
STREET ADDRESS	FT. LAUDERDALE FL	3.3 STREET ADDRESS	Ft Lauderdale FL
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	D ZORN, PEGGY
NAME		4.2 NAME	16200 Golf Club Road #104
STREET ADDRESS		4.3 STREET ADDRESS	Ft Lauderdale FL
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)