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

NONPROFIT CORPORATION. ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 14 1997 8:00am Secretary of State

DOCUMENT # 747 \84	Scordary of State
Building Three of Country Club Ap At Bonaventure 32 Condo, Assn. I	urtments
Af Bonaventure 32 Condo, Assu. I	16
Principal Place of Business Mading Address	
16200 Golf Club Rd. Yo Phoenix M. Bonaventure 541 South 91-R	unusement
Bonaventure 541 south of R	7 Suite 12
16200 Golf Club Rd. Yo Phoenix M. Bonaventure 541 South 94-R. Ft. Landerdale FL 33326 Margate F.	
Principal Place of Business     2a. Malting Address	Applied For Sq - 19190164 Not Applied For
21 16200 Golf Club Rd 28 541 South Gf	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired
City & State  23 Bunaventure-Ft. Land. FL 20 Margara F.	6. Election Campaign Financing \$5.00 May Re Trust Fund Contribution Added to Fees
Zip-77204 Country 6/1 Zip Zip Co	Suntry, 5 (A B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24 77726   25   7   7   29   77065   30   9. Name and Address of Current Registered Agent	/ (1 Florida Statutes / Yes   No  10. Name and Address of New Registered Agent
	81 Name
Lee Katzman, Esq.,	82 Street Address (P.O. Box Number is Not Acceptable)
441 South State Rd. 7	
Suite 102,	83
141 South State Rd. 7 Suite 102, Margule, FL 33068	84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the	above-named corporation submits this statement for the purpose of changing its registered sed by the corporation's board of directors. I hereby accept the appointment as registered atules.
agent. I am familiar with, and accept the obligations of Section 617,0503, Florida St	atules.
I MICINATURE AND	C. KA7 2MAN 5-7-97 red Agent) signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 15	
"""   { \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TITLE Change Addition a
	NAME : S
STREET ADDRESS 16200 G-OLF CIND RQ	STREET ADDRESS
- I or the	CITY - SY-ZIP Change Addition
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME
	STREET ADDRESS
	I CITY-ST-ZIP
	TITLE Change Addition
NAME Isadore Kosnoff 32	NAME .
	STREET ADDRESS

100002190601 -05/27/97--01003--032 \*\*\*61.25 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

S.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SI	GN	IAT	UF	E:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Director

Sidney Aronoff 16200 Gol Flint Rd

A Director Helvin Sibulkin 16200 Golf Clubry

FLORENCE SCHULTE

LINGE JOHNSON PRICE
CHATURE AND TYPED OR PRINTED NAME OF BROMING OFFICER OR DIRECTOR

54-384-0959

Change

Change

■ Addition

Addition

Addition