

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730217 (7)

1. Corporation Name

COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOM
INIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% D.C.I.
2901 SIMMS STREET
HOLLYWOOD FL 33020-8510

% D.C.I.
2901 SIMMS STREET
HOLLYWOOD FL 33020-8510

3. Date Incorporated or Qualified
07/08/1974

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1593521

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANTS INC.
ATTENTION: ANDREW MEYROWITZ
2901 SIMMS ST.
HOLLYWOOD FL 33020

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 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> DELETE
NAME	JARET, ALEXANDER	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME	PADEK, AL	
STREET ADDRESS	16300 GOLF CLUB RD. #310	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	SANFILIPPO, ENRICO	
STREET ADDRESS	16300 GOLF CLUB RD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	MYRES, SYD	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	PERRY, JOYCE	
STREET ADDRESS	16300 GOLF CLUB RD. #405	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME	ALTFELD, RICHARD	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000001880720
2.3 STREET ADDRESS	-07/01/96--01043--039
2.4 CITY-ST-ZIP	***61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD/D
3.3 STREET ADDRESS	GORDON, ROBERT
3.4 CITY-ST-ZIP	16300 Golf Club Rd. #205 Ft Lauderdale, FL 33326
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/D
4.3 STREET ADDRESS	CUTTLE, RUDY
4.4 CITY-ST-ZIP	16300 Golf Club Rd. #716 FT Lauderdale, FL 33326
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	HANNA, WILLIAM
5.4 CITY-ST-ZIP	16300 Golf Club Rd. FT Lauderdale, FL 33326
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(3)(k), 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.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Al Padek

Date

Daytime Phone #

CR2E037 (3/96)