

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745453** (1)

1. Corporation Name  
**BUILDING 1A OF COUNTRY CLUB APARTMENTS AT BONAVE  
NTURE 32 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
<b>6047 KIMBERLY BLVD., SUITE N NORDE MANAGEMENT CORP. N. LAUDERDALE FL 33068</b>	<b>6047 KIMBERLY BLVD., SUITE N NORDE MANAGEMENT CORP. N. LAUDERDALE FL 33068</b>

3. Date Incorporated or Qualified <b>12/29/1978</b>
4. FEI Number <b>59-1913099</b>
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable

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 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORDE MANAGEMENT CORP.  
6047 KIMBERLY BLVD., SUITE N  
N. LAUDERDALE FL 33068**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD
NAME	RUDOY, EDWARD
STREET ADDRESS	16500 GOLF CLUB RD #212
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TD
NAME	SERIO, CAROLY
STREET ADDRESS	16500 GOLF CLUB ROAD, #307
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	GRECO, RAYMOND
STREET ADDRESS	16500 GOLF CLUB RD #107
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	FALLON, MARTHA
STREET ADDRESS	16500 GOLF CLUB RD #211
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	BROWN, SIDNEY
STREET ADDRESS	16500 GOLF CLUB RD #202
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Edward S. Rudoy* **EDWARD S. RUDOY** 3/5/98 954-384-0008

CR2E037 (10/97)