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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742263** (7)

1. Corporation Name
**SADDLE CLUB GARDEN APARTMENTS AT BONAVENTURE 41
CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business C/O NORDE MGMT 6047 KIMBERLY BLVD., STE. N N. LAUDERDALE FL 33068 US	Mailing Address C/O NORDE MGMT 6047 KIMBERLY BLVD., STE. N N. LAUDERDALE FL 33068 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified

04/03/1978

4. FEI Number

59-1913101

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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BERKHEIMER, EDWARD R
6047 KIMBERLY BLVD.
STE. N
N. LAUDERDALE 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
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	D	<input type="checkbox"/> DELETE
NAME	FETTEMAN, HERBERT	
STREET ADDRESS	18208 LAUREL DRIVE 101	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	VOTA, BILL	
STREET ADDRESS	18240 LAUREL DR. #201	
CITY-ST-ZIP	FT. LAUDERDALE, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, BERNARD	
STREET ADDRESS	18178 LAUREL DRIVE #103	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FILKOFF, GAY	
STREET ADDRESS	16254 LAUREL DR #102	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BARON, MURRAY	
STREET ADDRESS	18178 LAUREL DRIVE, APT. 203	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRUSIN, MYRON	
2.3 STREET ADDRESS	16212 LAUREL DR. #104	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
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 addendum.

SIGNATURE: *Murray Baron* Murray Baron 3/10/98 9543840658

CR2E037 (10/97)