

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90020 001 ****61.25

DOCUMENT # 742263

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/03/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1913101

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERKHEIMER, EDWARD R
6047 KIMBERLY BLVD.
STE. N
N. LAUDERDALE FL 33068

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VD	FETTEMAN, HERBERT	16206 LAUREL DRIVE 101	FT. LAUDERDALE FL	<input type="checkbox"/>
DST	VOTA, BILL	16240 LAUREL DR. #201	FT. LAUDERDALE, FL 0	<input type="checkbox"/>
D	COHEN, BERNARD	16178 LAUREL DRIVE #103	FT. LAUDERDALE FL	<input type="checkbox"/>
D	GRUSIN, MYRON	16212 LAUREL DR #104	FT. LAUDERDALE FL 33326	<input checked="" type="checkbox"/>
DP	BARON, MURRAY	16178 LAUREL DRIVE, APT. 203	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

MURRAY BARON

4/30/99

954-973-1311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)