

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90069 014 \*\*\*\*61.25

DOCUMENT # 730217

1. Entity Name

COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOM

Principal Place of Business

Mailing Address

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

% D.C.I.  
2901 SIMMS STREET  
HOLLYWOOD FL 33020-1510

80322637



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #: etc.

City & State

City & State

4. FEI Number

59-1593521

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PREITE, JOSEPH	
STREET ADDRESS	16300 GOLF CLUB RD #703	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMALL, HERBERT	
STREET ADDRESS	16300 GOLF CLUB RD. #817	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GETZOV, RAMON	
STREET ADDRESS	16300 GOLF CLUB RD #118	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONNOLLY, PATRICIA	
STREET ADDRESS	16300 GOLF CLUB RD. #813	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOPERSMITH, NATHAN	
STREET ADDRESS	16300 GOLF CLUB RD. #819	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARMS, ROLF	
STREET ADDRESS	16300 GOLF CLUB RD. #303	
CITY-ST-ZIP	WESTON FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aitfeld, Richard	
STREET ADDRESS	16300 Golf Club Rd #516	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert, Bernie	
STREET ADDRESS	16300 Golf Club Rd #103	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reftin, Paul	
STREET ADDRESS	16300 Golf Club Rd #801	
CITY-ST-ZIP	Weston, FL	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rocklin, Gene	
STREET ADDRESS	16300 Golf Club Rd #401	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coopersmith, Nathan	
STREET ADDRESS	16300 Golf Club Rd #819	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Getzov, Ramon	
STREET ADDRESS	16300 Golf Club Rd #118	
CITY-ST-ZIP	Weston, FL 33326	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*GEPE ROCKLIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

Daytime Phone #

(954)922-3514

CR2E037 (9/99)