

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745453

1. Entity Name

BUILDING 1A OF COUNTRY CLUB APARTMENTS AT BONAVE

Principal Place of Business

Mailing Address

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

6047 KIMBERLY BLVD., SUITE N  
%NORDE MANAGEMENT CORP.  
N. LAUDERDALE FL 33068-2820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1913099

Applied For

Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME RUDOLPH, EDWARD  
STREET ADDRESS 16500 GOLF CLUB RD #212  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ Change ☒ Addition  
NAME LESH, ROBERT  
STREET ADDRESS 16500 GOLF CLUB ROAD, # 208  
CITY-ST-ZIP WESTON, FL. 33326

TITLE TD ☒ Delete  
NAME WRIGHT, GREG  
STREET ADDRESS 16500 GOLF CLUB RD. # 106  
CITY-ST-ZIP WESTON FL

TITLE VPD ☐ Change ☒ Addition  
NAME PEREZ, JOSE  
STREET ADDRESS 16500 GOLF CLUB ROAD, #102  
CITY-ST-ZIP WESTON, FL. 33326

TITLE VD ☐ Delete  
NAME GRECO, RAYMOND  
STREET ADDRESS 16500 GOLF CLUB RD #107  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MILTON, FIELDS  
STREET ADDRESS 16500 GOLF CLUB RD. # 303  
CITY-ST-ZIP WESTON FL

TITLE D ☐ Change ☒ Addition  
NAME SAKOL, SHELLY  
STREET ADDRESS 16500 GOLF CLUB ROAD, #111  
CITY-ST-ZIP WESTON, FL. 33326

TITLE SD ☐ Delete  
NAME ILLENE, GROSS  
STREET ADDRESS 16500 GOLF CLUB RD. # 310  
CITY-ST-ZIP WESTON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90070 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)