

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90023 028 ****61.25

DOCUMENT # 730217

1. Entity Name

COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DCI
 2035 HARDING STREET #200
 HOLLYWOOD FL 33020

C/O DCI
 2035 HARDING STREET #200
 HOLLYWOOD FL 33020

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

59-1593521

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

MEYROWITZ, ANDREW
C/O DEVELOPMENT COSULTANTS INC.
2035 HARDING STREET STE 200
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ALTFELD, RICHARD	
STREET ADDRESS	16300 GOLF CLUB RD #516	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, RONNA	
STREET ADDRESS	16300 GOLF CLUB ROAD #711	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	REFKIN, PAUL	
STREET ADDRESS	16300 GOLF CLUB RD #801	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROCKLIN, GENE	
STREET ADDRESS	16300 GOLF CLUB RD #401	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOPERSMITH, NATHAN	
STREET ADDRESS	16300 GOLF CLUB RD. #819	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GETZOV, RAMON	
STREET ADDRESS	16300 GOLF CLUB RD #118	
CITY-ST-ZIP	WESTON FL 33326	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT, Bernie	
STREET ADDRESS	16300 Golf Club Rd #103	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	PADEK, Evelyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PADEK, Evelyn	
STREET ADDRESS	16300 Golf Club Rd #310	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALL, Herb	
STREET ADDRESS	16300 Golf Club Rd #817	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTANO, Jorge	
STREET ADDRESS	16300 Golf Club Rd #104	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Gene Rocklin
SECRETARY REQUIRED

1-31-02 (954) 922 3514

CR2E037 (9/01)