

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90281 022 ****61.25

DOCUMENT # 745453

1. Entity Name

**BUILDING 1A OF COUNTRY CLUB APARTMENTS AT BONAVE
 NTURE 32 CONDOMINIUM ASSOCIATION, INC.**

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**

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 **D** ☒ Delete
 NAME **LESH, ROBERT**
 STREET ADDRESS **16500 GOLF CLUB RD #212**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **S/D** ☐ Change ☒ Addition
 NAME **TRAUBMAN, BERNICE**
 STREET ADDRESS **16500 GOLF CLUB RD #210**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Delete
 NAME **MORGENSTERN, BERNARD**
 STREET ADDRESS **16500 GOLF CLUB RD APT #210**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Change ☒ Addition
 NAME **PEREZ, JOSE**
 STREET ADDRESS **16500 GOLF CLUB RD #102**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **PD** ☐ Delete
 NAME **GRECO, RAYMOND**
 STREET ADDRESS **16500 GOLF CLUB RD #212**
 CITY-ST-ZIP **WESTON FL 33326**

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

TITLE **D** ☐ Delete
 NAME **SALTZ, RUTH**
 STREET ADDRESS **16500 GOLF CLUB RD APT #104**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MORGENSTERN, BENJAMIN**
 STREET ADDRESS **16500 GOLF CLUB RD APT #213**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

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 all other like empowered.

SIGNATURE:

Ray Greco Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY GRECO

2-20-02

Date

954

Daytime Phone #

384 6505

CR2E037 (9/01)