

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90030 037 ****61.25

DOCUMENT # 745453

1. Entity Name
**BUILDING 1A OF COUNTRY CLUB APARTMENTS AT
BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**6047 KIMBERLY BLVD., SUITE N
%NORDE MANAGEMENT CORP.
N. LAUDERDALE, FL 33068**

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

94040275



2. Principal Place of Business

CCM, Inc.
Suite, Apt. #, etc.
10034 W. McNab Road

3. Mailing Address

C/O CCM, Inc.
Suite, Apt. #, etc.
10034 W. McNab Road

03162004 Chg-NP CR2E037 (10/03)

City & State

Tamarac, Fl.

City & State

Tamarac, Fl

4. FEI Number
59-1913099

Applied For
Not Applicable

Zip
33321

Country
Broward

Zip
33321

Country
Broward

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **James R. Miles**
Street Address (P.O. Box Number is Not Acceptable)
Consolidated Community Management, Inc.
10034 W. McNab Road
City **Tamarac** FL Zip Code **33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRAUBMAN, BERNICE 16500 GOLF CLUB RD #210 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGENSTERN, BERNARD 16500 GOLF CLUB RD APT #210 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRECO, RAYMOND 16500 GOLF CLUB RD #212 WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SALTZ, RUTH 16500 GOLF CLUB RD APT #104 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGENSTERN, BENJAMIN 16500 GOLF CLUB RD APT #213 FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, JOSE 16500 GOLF CLUB RD #102 WESTON, FL 33326	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ruth A. Saltz

3-22-04 (954) 389-5298