

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742263

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** SADDLE CLUB GARDEN APARTMENTS AT BONAVENTURE 41 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CCM, INC  
10034 W. MCNAB ROAD  
FORT LAUDERDALE, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

CCM, INC  
10034 W. MCNAB ROAD  
FORT LAUDERDALE, FL 33321 US

**New Mailing Address:**

**FEI Number:** 59-1913101      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILES, JAMES R  
% CONSOLIDATED COMMUNITY MANAGEMENT, INC.  
10034 W. MCNAB ROAD  
FORT LAUDERDALE, FL 33321 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SAMOTNY, ESTELLE  
Address: 16244 LAUREL DR. APT. #203  
City-St-Zip: WESTON, FL 33326

Title: PD ( ) Delete  
Name: VOTA, BILL,  
Address: 16240 LAUREL DR. #201  
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete  
Name: BARON, MURRAY  
Address: 16178 LAUREL DR #203  
City-St-Zip: WESTON, FL 33326

Title: TD ( ) Delete  
Name: LANDIN, JUDITH  
Address: 16254 LAUREL DR., #202  
City-St-Zip: FT. LAUDERDALE, FL 33326

Title: VP (X) Delete  
Name: WERNIKOFF, BEN  
Address: 16244 LAUREL DR. APT#103  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: LOPEZ, OSCAR  
Address: 16172 LAUREL DR. #102  
City-St-Zip: FORT LAUDERDALE, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: SAMOTNY, ESTELLE  
Address: 16244 LAUREL DR. APT. #203  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM VOTA

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date