

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90016 009 ****61.25

DOCUMENT # 730217					
1. Entity Name COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O DCI 2035 HARDING STREET #200 HOLLYWOOD, FL 33020			Mailing Address C/O DCI 2035 HARDING ST #200 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # Association Services of Fla. Suite, Apt. #, etc. 10112 USA Today Way		3. Mailing Address Association Services of Fla. Suite, Apt. #, etc. 10112 USA Today Way			
City & State Miramar, Florida		City & State Miramar, Florida		01092008 Chg-NP CR2E037 (12/06)	
Zip 33025		Zip 33025		4. FEI Number 59-1593521	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DEVELOPMENT COSULTANTS INC. 2035 HARDING STREET STE 200 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name: BARBARA HERNDON, PRESIDENT Street Address (P.O. Box Number is Not Acceptable): ASSOCIATION SERVICES OF FLORIDA 10112 USA Today Way City: MIRAMAR FL Zip Code: 33025		
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: <u>Barbara Herndon</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>2/8/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME DEUTSCH, PEARL STREET ADDRESS 16300 GOLF CLUB RD, # 115 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE JD NAME HARMS, ROLF STREET ADDRESS 16300 Golf Club Rd #303 CITY-ST-ZIP Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DAVIS, JEROME STREET ADDRESS 16300 GOLF CLUB RD, # 201 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE SD NAME Gomez, Hipatra STREET ADDRESS 16300 Golf Club Rd # 705 CITY-ST-ZIP Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME COCONATO, VERA STREET ADDRESS 16300 GOLF CLUB RD. #514 CITY-ST-ZIP FORT LAUDERDALE, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE D NAME Trujillo-Hernandez, Maggie STREET ADDRESS 16300 Golf Club Road # 419 CITY-ST-ZIP Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ROCKLIN, GENE STREET ADDRESS 16300 GOLF CLUB RD, # 401 CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE D NAME Gilbert, Betty STREET ADDRESS 16300 Golf Club Road # 103 CITY-ST-ZIP Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME KNOLL, JACK STREET ADDRESS 16300 GOLF CLUB #408 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE D NAME Lanham, Gail STREET ADDRESS 16300 Golf Club Road, # 102 CITY-ST-ZIP Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PABON, DANNY STREET ADDRESS 16300 GOLF CLUB RD #710 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Pearl Deutsch</u> Pearl Deutsch, Pres 2-5-08 (954) 922-3514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					