

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730217

**Entity Name:** COUNTRY CLUB APARTMENTS AT BONAVENTURE 32  
CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC5329263175****Current Principal Place of Business:**ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025**Current Mailing Address:**ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025**FEI Number: 59-1593521****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKRBIN, GEORGE PRES  
ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US*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

**Officer/Director Detail :**

Title PRES  
Name DEUTSCH, PEARL PRES  
Address 16300 GOLF CLUB ROAD, #115  
City-State-Zip: WESTON FL 33326

Title SEC  
Name CUTLER, MURIEL SEC  
Address 16300 GOLF CLUB ROAD, #716  
City-State-Zip: WESTON FL 33326

Title DIR  
Name PABON, DANNY DIR  
Address 16300 GOLF CLUB ROAD, #710  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name HERNANDEZ-TRUJILLO, JUAN DR.  
Address 16300 GOLF CLUB RD #419  
City-State-Zip: WESTON FL 33326

Title VP  
Name MINESSALE, JIM VP  
Address 16300 GOLF CLUB ROAD, #701  
City-State-Zip: WESTON FL 33326

Title TRES  
Name KNOLL, JACK TRES  
Address 16300 GOLF CLUB ROAD, #408  
City-State-Zip: WESTON FL 33326

Title DIR  
Name GILBERT, BETTY DIR  
Address 16300 GOLF CLUB ROAD, #103  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name MAGGARD, PAUL  
Address 16300 GOLF CLUB RD #114  
City-State-Zip: WESTON FL 33326

**Continues on page 2**

I hereby 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 all other like empowered.

**SIGNATURE: DEUTSCH, PEARL****PRES****02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ROTHBAUM, EILEEN
Address	16300 GOLF CLUB RD #313
City-State-Zip:	WESTON FL 33326