

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730217

Entity Name: COUNTRY CLUB APARTMENTS AT BONAVENTURE 32
CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 15, 2018
Secretary of State
CC8643463135**Current Principal Place of Business:**16300 COUNTRY CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE
WESTON, FL 33326**Current Mailing Address:**16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE
WESTON, FL 33326 US**FEI Number: 59-1593521****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STRALEY & OTTO, PA
2699 STIRLING ROAD
#C-207
HOLLYWOOD-FT LAUDERDALE, FL 33312 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: STRALEY & OTTO PA****01/15/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name DEUTSCH, PEARL S.
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**City-State-Zip:** WESTON FL 33326**Title** TREASURER
Name ZALKIN, DOROTHY
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**City-State-Zip:** WESTON FL 33326**Title** DIRECTOR
Name ROOSTA, BAHRAM
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**City-State-Zip:** WESTON FL 33326**Title** DIRECTOR
Name KNOLL, JACK
Address 16300 COUNTRY CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**City-State-Zip:** WESTON FL 33326**Title** VP
Name RODRIGUEZ, HAYDEE C.
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**City-State-Zip:** WESTON FL 33326**Title** SECRETARY
Name GILBERT, BETTY
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**City-State-Zip:** WESTON FL 33326**Title** DIRECTOR
Name ROMERO, MARIA
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**City-State-Zip:** WESTON FL 33326**Title** ASST. SECRETARY
Name HERNANDEZ-TRUJILLO, MAGALY
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE**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.

Officer/Director Detail Continued :

Title DIRECTOR
Name MICHAEL, HARRY
Address 16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE
City-State-Zip: WESTON FL 33326