

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 730217

**Entity Name:** COUNTRY CLUB APARTMENTS AT BONAVENTURE 32  
CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16300 COUNTRY CLUB RD.  
SUITE 2A C/O MANAGEMENT OFFICE  
WESTON, FL 33326

**Current Mailing Address:**

C/O SUNRISE MANAGEMENT  
950 SOUTH PINE ISLAND ROAD # A150  
PLANTATION, FL 33324 US

**FEI Number:** 59-1593521

**Certificate of Status Desired:** No

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

FRANK WEINBERG & BLACK, PL  
7805 SW 6TH COURT  
PLANTATION, FL 33324 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:** STEVEN WEINBERG

07/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROMERO, MARIA  
Address        16300 GOLF CLUB ROAD #703  
City-State-Zip: WESTON FL 33326

Title            VP  
Name            ROOSTA, BAHRAM  
Address        16300 GOLF CLUB ROAD #214  
City-State-Zip: WESTON FL 33326

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

Title            SECRETARY  
Name            RODRIGUEZ, HAYDEE  
Address        16300 GOLF CLUB ROAD #303  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            ZALKIN, DOROTHY  
Address        16300 GOLF CLUB ROAD #219  
City-State-Zip: WESTON FL

Title            DIRECTOR  
Name            FOUCES-GARCIA, CARMEN  
Address        16300 GOLF CLUB ROAD #815  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            OJEDA, GABRIEL  
Address        16300 GOLF CLUB ROAD #614  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            STEFFEN, MARDELL  
Address        16300 GOLF CLUB ROAD #307  
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:** MARIA ROMERO

PRESIDENT

07/10/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MOHAMMED, JOHANNE
Address	16300 GOLF CLUB ROAD #505
City-State-Zip:	WESTON FL 33326