

**2022 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

09/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MICHELSEN, ADRIANA  
Address        16300 COUNTRY CLUB RD.  
                 SUITE 2A C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

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

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

Title            SECRETARY  
Name           APPLETON, LISA  
Address        16300 COUNTRY CLUB RD.  
                 SUITE 2A C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

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

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

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

*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:** ADRIANA MICHELSEN

**PRESIDENT**

09/07/2022

Electronic Signature of Signing Officer/Director Detail

Date