

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745453

Entity Name: BUILDING 1A OF COUNTRY CLUB APARTMENTS AT
BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 23, 2020
Secretary of State
2887029512CC**Current Principal Place of Business:**C/O PHOENIX MANAGEMENT SERVICES
7680 N. NOB HILL RD.
TAMARAC, FL 33321**Current Mailing Address:**C/O PHOENIX MANAGEMENT SERVICES
7680 N. NOB HILL RD.
TAMARAC, FL 33321 US**FEI Number: 59-1913099****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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 PD
Name MATEU, JOEL
Address 16500 GOLF CLUB RD.
#101
City-State-Zip: WESTON FL 33326Title TS
Name CARLTON, MARIA
Address 16500 GOLF CLUB RD.
#313
City-State-Zip: WESTON FL 33326Title VP
Name MCFADDEN, PATRICK
Address 16500 GOLF CLUB RD.
#209
City-State-Zip: WESTON FL 33326Title SD
Name TAILOR, DHANSUICH
Address 16500 GOLF CLUB RD.
#205
City-State-Zip: WESTON FL 33326Title DIRECTOR
Name FISCHER, YOLANDA
Address 16500 GOLF CLUB RD.
#101
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: JOEL MATEU**PRESIDENT****03/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date