

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745885

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

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**7221534158CC**

**Current Principal Place of Business:**

T&G MANAGEMENT SERVICES, INC.  
18001 OLD CUTLER ROAD SUITE 476  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

T&G MANAGEMENT SERVICES, INC.  
18001 OLD CUTLER ROAD SUITE 476  
PALMETTO BAY, FL 33157 US

**FEI Number: 59-1920125**

**Certificate of Status Desired: No**

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

KATZMAN CHANDLER  
6535 NOVA DRIVE  
SUITE 109  
FORT LAUDERDALE, FL 33317 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: KATZMAN**

**04/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ACOSTA, WILLIAM  
Address        18001 OLD CUTLER ROAD  
                  476  
City-State-Zip: PALMETTO BAY FL 33157

Title           VP  
Name           PINEDA, SIMON  
Address        18001 OLD CUTLER ROAD  
                  476  
City-State-Zip: PALMETTO BAY FL 33157

Title           P  
Name           DECOSTA, CHARLES  
Address        18001 OLD CUTLER ROAD  
                  476  
City-State-Zip: PALMETTO BAY FL 33157

Title           SECRETARY  
Name           SIMONETTI, FABRIZIO  
Address        18001 OLD CUTLER ROAD  
                  476  
City-State-Zip: PALMETTO BAY FL 33157

Title           DIRECTOR  
Name           SCOTT, GISELLE PETER  
Address        18001 OLD CUTLER ROAD  
                  SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

*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: CHARLES DECOSTA**

**PRESIDENT**

**04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date