

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747084

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC8948638867**

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

**Current Principal Place of Business:**

16251 GOLF CLUB ROAD  
WESTON, FL 33326

**Current Mailing Address:**

C/O T&G MANAGEMENT SERVICES, INC.  
18001 OLD CUTLER RD, STE. 643  
PALMETTO BAY, FL 33157 US

**FEI Number: 59-1920127**

**Certificate of Status Desired: No**

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

TUCKER & TIGHE  
800 EAST BROWARD BLVD  
SUITE 710  
FT. LAUDERDALE, FL 33301 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 VP  
Name SCHERMER, DIANE  
Address 18001 OLD CUTLER ROAD  
STE#643  
City-State-Zip: PALMETTO BAY FL 33157

Title T  
Name PODESTA, TOM  
Address 18001 OLD CUTLER ROAD  
STE#643  
City-State-Zip: PALMETTO BAY FL 33157

Title P  
Name TORO, ERIC  
Address 18001 OLD CUTLER ROAD  
STE#643  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name DARIUS, TERRI  
Address 18001 OLD CUTLER ROAD  
STE#643  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name ANGULO, MARCY  
Address 18001 OLD CUTLER ROAD  
SUITE 643  
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: TOM PODESTA**

**TREASURER**

**04/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date