

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730217 (7)

1. Corporation Name
COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020-8510	% D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020-8510

3. Date Incorporated or Qualified 07/08/1974	3a. Date of Last Report 02/01/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1593521	Applied For Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 City & State	28 City & State	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**DEVELOPMENT CONSULTANTS INC.
 ATTENTION: ANDREW MEYROWITZ
 2901 SIMMS ST.
 HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARET, ALEXANDER	1.2 NAME	
STREET ADDRESS	16300 GOLF CLUB RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADEK, AL	2.2 NAME	000001880720
STREET ADDRESS	16300 GOLF CLUB RD. #310	2.3 STREET ADDRESS	-07/01/96--01043--039
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	***61.25
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, ENRICO	3.2 NAME	VD/D
STREET ADDRESS	16300 GOLF CLUB RD.	3.3 STREET ADDRESS	GORDON, ROBERT
CITY-ST-ZIP	FT LAUDERDALE FL 33326	3.4 CITY-ST-ZIP	16300 Golf Club Rd. #205
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRES, SYD	4.2 NAME	S/D
STREET ADDRESS	16300 GOLF CLUB RD	4.3 STREET ADDRESS	CUTTLE, RUDY
CITY-ST-ZIP	FT LAUDERDALE FL 33326	4.4 CITY-ST-ZIP	16300 Golf Club Rd. #716
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, JOYCE	5.2 NAME	D
STREET ADDRESS	16300 GOLF CLUB RD. #405	5.3 STREET ADDRESS	HANNA, WILLIAM
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	16300 Golf Club Rd.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTFELD, RICHARD	6.2 NAME	
STREET ADDRESS	16300 GOLF CLUB RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Al Padek

6/19/97
 Date

Daytime Phone #
15 6126196

CR2E037 (3/96)