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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33020-1510

3. Date Incorporated or Qualified
07/08/1974

3a. Date of Last Report
06/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1593521

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	T	<input type="checkbox"/> DELETE
NAME	JARET, ALEXANDER	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PADEK, AL	
STREET ADDRESS	16300 GOLF CLUB RD. #310	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VDD	<input type="checkbox"/> DELETE
NAME	GORDON, ROBERT	
STREET ADDRESS	16300 GOLF CLUB RD. #205	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CUTTLE, RUDY	
STREET ADDRESS	16300 GOLF CLUB RD. #716	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANNA, WILLIAM	
STREET ADDRESS	16300 GOLF CLUB RD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALTFELD, RICHARD	
STREET ADDRESS	16300 GOLF CLUB RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	

1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jaret, Alexander	
1.3 STREET ADDRESS	16300 Golf Club Rd #201	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida	
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Myers, Sid	
2.3 STREET ADDRESS	16300 Golf Club Rd. #511	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Florida	
3.1 TITLE	VDD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gordon, Robert	
3.3 STREET ADDRESS	16300 Golf Club Rd. #205	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Florida	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Altfeld, Richard	
4.3 STREET ADDRESS	16300 Golf Club Rod. #516	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hanna, William	
5.3 STREET ADDRESS	16300 Golf Club Rd. #502	
5.4 CITY-ST-ZIP	Ft. Lauderdale, Florida	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Padek, Al	
6.3 STREET ADDRESS	16300 Golf Club Rd. #310	
6.4 CITY-ST-ZIP	Ft. Lauderdale, Florida	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alexander Jaret* ALEXANDER JARET 1/29/97 (954)389-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021269

CR2E037 (9/96)