


FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730217 (7)

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



Principal Place of Business % D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020-8510	Mailing Address % D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020-8510
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3. Date Incorporated or Qualified 07/08/1974	
4. FEI Number 59-1593521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	JARET, ALEXANDER
STREET ADDRESS	16300 GOLF CLUB RD #201
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" 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 33326
TITLE	SD <input type="checkbox"/> DELETE
NAME	CUTTNER, RUDY
STREET ADDRESS	16300 GOLF CLUB RD. #716
CITY-ST-ZIP	FT LAUDERDALE FL 33326
TITLE	D <input type="checkbox"/> DELETE
NAME	HANNA, WILLIAM
STREET ADDRESS	16300 GOLF CLUB RD #502
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ALTFELD, RICHARD
STREET ADDRESS	16300 GOLF CLUB RD #205
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Syd Myres
1.3 STREET ADDRESS	16300 Golf Club Road #511
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33326
2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ramon Getzov
2.3 STREET ADDRESS	16300 Golf Club Road #118
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33326
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gene Rocklin
3.3 STREET ADDRESS	16300 Golf Club Road #401
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33326
4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carl Millman
4.3 STREET ADDRESS	16300 Golf Club Road #314
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33326
5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Paul Refkin
5.3 STREET ADDRESS	16300 Golf Club Road #801
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33326
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **1/22/98**

CR2E037 (10/97)