

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90022 035 ****61.25

DOCUMENT # 730217

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



Principal Place of Business
**C/O DCI
2035 HARDING STREET #200
HOLLYWOOD, FL 33020**

Mailing Address
**C/O SYLVIA RUSKIN
16200 GOLF CLUB ROAD #208
WESTON, FL 33326**

54023166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1593521

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEYROWITZ, ANDREW
C/O DEVELOPMENT COSULTANTS INC.
2035 HARDING STREET STE 200
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALTFELD, RICHARD**
STREET ADDRESS **16300 GOLF CLUB RD #516**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **TD** ☐ Delete
NAME **DAVIS, JEROME**
STREET ADDRESS **16300 GOLF CLUB RD., #201**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Delete
NAME **REFKIN, PAUL**
STREET ADDRESS **16300 GOLF CLUB RD #801**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **PD** ☐ Delete
NAME **ROCKLIN, GENE**
STREET ADDRESS **16300 GOLF CLUB RD #401**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **VD** ☐ Delete
NAME **COOPERSMITH, NATHAN**
STREET ADDRESS **16300 GOLF CLUB RD. #819**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **SD** ☒ Delete
NAME **GETZOV, RAMON**
STREET ADDRESS **16300 GOLF CLUB RD #118**
CITY-ST-ZIP **WESTON, FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **Pabon, Danny**
STREET ADDRESS **16300 Golf Club Rd #710**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **SD** ☐ Change ☒ Addition
NAME **Cutler, Murrel**
STREET ADDRESS **16300 Golf Club Rd #71**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **PD** ☒ Change ☐ Addition
NAME **Refkin, Paul**
STREET ADDRESS **16300 Golf Club Rd #801**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **D** ☒ Change ☐ Addition
NAME **Rocklin, Gene**
STREET ADDRESS **16300 Golf Club Rd #401**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **D** ☐ Change ☐ Addition
NAME **Coopersmith, Nathan**
STREET ADDRESS **16300 Golf Club Rd #819**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **D** ☐ Change ☒ Addition
NAME **Gomez, Hrapaxa**
STREET ADDRESS **16300 Golf Club Rd #705**
CITY-ST-ZIP **Weston, FL 33326**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Refkin **Paul Refkin, Pres** **3/23/04 (914) 922-354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #