


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 019 ****61.25

DOCUMENT # 742263					
1. Entity Name SADDLE CLUB GARDEN APARTMENTS AT BONAVENTURE 41 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CCM, INC 10034 W. MCNAB ROAD FORT LAUDERDALE, FL 33321 US			Mailing Address CCM, INC 10034 W. MCNAB ROAD FORT LAUDERDALE, FL 33321 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1913101	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILES, JAMES R % CONSOLIDATED COMMUNITY MANAGEMENT, INC. 10034 W. MCNAB ROAD FORT LAUDERDALE, FL 33321			Name: <u>Tucker & Tighie PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>800 E. Broward Blvd</u> <u>Suite 710 - Cornerland Bldg</u> City: <u>FT. Lauderdale</u> <u>FL</u> Zip Code: <u>33301</u>		
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: <u>Thomas J. Tighie</u> DATE: <u>3/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME SAMOTNY, ESTELLE STREET ADDRESS 16244 LAUREL DR. APT. #203 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME VOTA, BILL STREET ADDRESS 16240 LAUREL DR. #201 CITY-ST-ZIP FT LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE Dir. NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARON, MURRAY STREET ADDRESS 16178 LAUREL DR #203 CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME LANDIN, JUDITH STREET ADDRESS 16254 LAUREL DR., #202 CITY-ST-ZIP FT. LAUDERDALE, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP NAME Myron Grusin STREET ADDRESS 16212 laurel Dr. #104 CITY-ST-ZIP Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE - NAME Julian Consuegra STREET ADDRESS 16199 Saddle Club Rd. #101 CITY-ST-ZIP Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Myron Grusin</u> DATE: <u>2/26/7</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					