

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742263

FILED
Mar 03, 2009
Secretary of State

Entity Name: SADDLE CLUB GARDEN APARTMENTS AT BONAVENTURE 41 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CCM, INC
10034 W. MCNAB ROAD
FORT LAUDERDALE, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

CCM, INC
10034 W. MCNAB ROAD
FORT LAUDERDALE, FL 33321 US

New Mailing Address:

FEI Number: 59-1913101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RINNINYLLA, ELVIRA
Address: 16257 SADDLE CLUB RD. #201
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: LANDIN, JUDITH
Address: 16254 LAUREL DR., #202
City-St-Zip: FT. LAUDERDALE, FL 33326

Title: VP () Delete
Name: GRUSIN, HYRON
Address: 16212 LAUREL DR SUITE 104
City-St-Zip: WESTON, FL 33326

Title: P () Delete
Name: CONSUEGRA, JULIAN
Address: 16199 SADDLE CREEK RD SUITE 101
City-St-Zip: WESTON, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RINNINYLLA, ELVIRA
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: S (X) Change () Addition
Name: SAMOTHY, ESTELL
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Change () Addition
Name: GRUSIN, HYRON
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: P (X) Change () Addition
Name: CONSUEGRA, JULIAN
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: T () Change (X) Addition
Name: WERNIKOFF, RITA
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN CONSUEGRA

P

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date