

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745453

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** BUILDING 1A OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CCM, INC,  
10034 W. MCNAB ROAD  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

% CCM, INC,  
10034 W. MCNAB ROAD  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 59-1913099

**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: DELFINO, RICARDO  
Address: 16500 GOLF CLUB RD #301  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: QUENTIO, MARIA  
Address: 16500 GOLF CLUB RD. # 203  
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: P ( ) Delete  
Name: SALTZ, RUTH  
Address: 16500 GOLF CLUB RD APT #104  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Delete  
Name: MILLMAN, CARL  
Address: 16500 GOLF CLUB RD APT 206  
City-St-Zip: WESTON, FL 33326

Title: T (X) Delete  
Name: GROSS, ILLENE  
Address: 16500 GOLF CLUB RD APT 310  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SALTZ, RUTH  
Address: 10034 W. MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: TS (X) Change ( ) Addition  
Name: GROSS, ILLENE  
Address: 10034 W. MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Change ( ) Addition  
Name: MILLMAN, CARL  
Address: 10034 W. MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RUTH SALTZ

PD

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date