

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90021 012 ****61.25

DOCUMENT # 745885

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



Principal Place of Business
**4800 N. STATE ROAD 7, STE. E105
LAUDERDALE LAKES, FL 33319 US**

Mailing Address
**4800 N. STATE ROAD 7, STE. E105
LAUDERDALE LAKES, FL 33319 US**

40048915



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

0112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1920125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHOENIX MANAGEMENT SERVICES, INC.
4800 N. STATE ROAD 7, STE. E105
LAUDERDALE LAKES, FL 33319**

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME HARLIN, REBECCA
STREET ADDRESS 16325 GOLF CLUB RD., #311
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☒ Addition
NAME **ELAINE R. BAKER**
STREET ADDRESS **16325 GOLF CLUB RD #310**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE VPD ☒ Delete
NAME IRVING, LAZARUS
STREET ADDRESS 16325 GOLF CLUB
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☒ Addition
NAME **WILLIAM ACOSTA**
STREET ADDRESS **16325 GOLF CLUB RD # 302**
CITY-ST-ZIP **WESTON FL 33326**

TITLE TD ☐ Delete
NAME HARLIN, JAMES
STREET ADDRESS 16325 GOLF CLUB RD., #311
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME PLOVIN, MARY
STREET ADDRESS 16325 GOLF CLUB RD #394
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MISAGLIA, ENRIQUE
STREET ADDRESS 16325 GOLF CLUB RD #206
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DD ☒ Delete
NAME STRONGIN, STUART
STREET ADDRESS 16325 GOLF CLUB RD
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James Harlin

JAMES HARLIN

3/13/08 954-849-8030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #