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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746317 (7)

BUILDING EIGHT OF COUNTRY CLUB APARTMENTS AT BON AVENTURE 32 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O NORDE MANAGEMENT CORP 6047 KIMBERLY BLVD STE N N LAUDERDALE FL 33068	Mailing Address C/O NORDE MANAGEMENT CORP 6047 KIMBERLY BLVD STE N N LAUDERDALE FL 33068
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3. Date Incorporated or Qualified 03/20/1979	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1939606		

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	24. Zip	25. Country	28. Zip	30. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERKHEIMER, EDWARD R
6047 KIMBERLY BLVD STE N
N LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FREEDMAN, WILLARD	
STREET ADDRESS	16401 GOLF CLUB RD #204	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COTLER, MARILYN	
STREET ADDRESS	16401 GOLF CLUB ROAD #308	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, SIDNEY	
STREET ADDRESS	16401 GOLF CLUB RD 212	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, HARRY	
STREET ADDRESS	16401 GOLF CLUB RD #304	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KLUGERMAN, ABRAHAM	
STREET ADDRESS	16401 GOLF CLUB ROAD #303	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEINSTEIN, MORRIS	
1.3 STREET ADDRESS	16401 GOLF CLUB RD #105	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL	
2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sidney Schuster* **Sidney Schuster 3-3-98-95743898254**

CP2E037 (10/97)