


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90027 012 ****61.25

DOCUMENT # 747084 1. Entity Name BUILDING SIX OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 32 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4800 N. STATE RD. 7 SUITE F-105 LAUDERDALE LAKES, FL 33319			Mailing Address 4800 N. STATE RD. 7 SUITE F-105 LAUDERDALE LAKES, FL 33319		
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 59-1920127	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319			7. Name and Address of New Registered Agent 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 _____ (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. <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	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, BILLIE		NAME		
STREET ADDRESS	16251 GOLF CLUB RD. APT. 303		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARIAC, TERRI BONNIE SWINFORD		NAME	P BONNIE SWINFORD	
STREET ADDRESS	16251 GOLF CLUB ROAD, APT. 44 310		STREET ADDRESS	16251 GOLF CLUB RD. APT 310	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PODESTA, TOM		NAME		
STREET ADDRESS	16251 GOLF CLUB ROAD, APT 206		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOKMAN, STAN		NAME		
STREET ADDRESS	16251 GOLF CLUB RD #113		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAMMERINO, VINCE MIRIAM GUERRA		NAME	D MIRIAM GUERRA	
STREET ADDRESS	16251 GOLF CLUB ROAD #103 105		STREET ADDRESS	16251 GOLF CLUB RD. #105	
CITY-ST-ZIP	WESTON, FL 33320		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	EVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIEZEMAN, BUDDY		NAME		
STREET ADDRESS	16251 GOLF CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/21/08 Date Daytime Phone #		