

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757785

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** BUILDING 130 OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 10B CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 59-2188083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIORE, ANGELA  
% WEST BROWARD COMMUNITY MANAGEMENT, INC.  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

FIORE, ANGELA  
% WEST BROWARD COMMUNITY MANAGEMENT, INC.  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

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: ANGELA FIORE

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONNOLLY, KATHLEEN  
Address: 491 RACQUET CLUB ROAD #311  
City-St-Zip: WESTON, FL 33326

Title: VP  
Name: SCARCELLA, NICK  
Address: 491 RACQUET CLUB ROAD #201  
City-St-Zip: WESTON, FL 33326

Title: T  
Name: VERNON, DAN  
Address: 491 RACQUET CLUB RD #303  
City-St-Zip: WESTON, FL 33326

Title: S  
Name: LEGER, MADELLE  
Address: 491 RACQUET CLUB ROAD #313  
City-St-Zip: WESTON, FL 33326

Title: D  
Name: ARISTIZABAL, JAIME  
Address: 491 RACQUET CLUB ROAD #102  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN CONNOLLY

P

04/14/2011

Electronic Signature of Signing Officer or Director

Date