

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730217

FILED
Jan 15, 2018
Secretary of State
CC8643463135

Entity Name: COUNTRY CLUB APARTMENTS AT BONAVENTURE 32
CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16300 COUNTRY CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE
WESTON, FL 33326

Current Mailing Address:

16300 GOLF CLUB RD.
SUITE 2A C/O MANAGEMENT OFFICE
WESTON, FL 33326 US

FEI Number: 59-1593521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRALEY & OTTO, PA
2699 STIRLING ROAD
#C-207
HOLLYWOOD-FT LAUDERDALE, FL 33312 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: STRALEY & OTTO PA

01/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DEUTSCH, PEARL S.
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

Title VP
Name RODRIGUEZ, HAYDEE C.
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

Title TREASURER
Name ZALKIN, DOROTHY
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

Title SECRETARY
Name GILBERT, BETTY
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name ROOSTA, BAHRAM
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name ROMERO, MARIA
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name KNOLL, JACK
Address 16300 COUNTRY CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

Title ASST. SECRETARY
Name HERNANDEZ-TRUJILLO, MAGALY
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE

City-State-Zip: WESTON FL 33326

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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.

Officer/Director Detail Continued :

Title DIRECTOR
Name MICHAEL, HARRY
Address 16300 GOLF CLUB RD.
 SUITE 2A C/O MANAGEMENT OFFICE
City-State-Zip: WESTON FL 33326