

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730217

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC3799404159**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

16300 GOLF CLUB RD.  
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**

**04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name DEUTSCH, PEARL S.  
Address 16300 GOLF CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

Title VP  
Name RODRIGUEZ, HAYDEE C.  
Address 16300 GOLF CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

Title TREASURER  
Name ZALKIN, DOROTHY  
Address 16300 GOLF CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

Title SECRETARY  
Name GILBERT, BETTY  
Address 16300 GOLF CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name PABON, DANNY  
Address 16300 GOLF CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name LANHAM, GAIL  
Address 16300 GOLF CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name BERDING, CHRISTOPHER  
Address 16300 COUNTRY CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name HERNANDEZ-TRUJILLO, JUAN DR.  
Address 16300 GOLF CLUB RD.  
C/O MANAGEMENT OFFICE  
City-State-Zip: WESTON FL 33326

**Continues on page 2**

*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: PEARL DEUTSCH**

**PRESIDENT**

**04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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