

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730217

FILED
Feb 07, 2019
Secretary of State
9486456419CC

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:

C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

FEI Number: 59-1593521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, MARC
C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 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: RODRIGUEZ MARC

02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DEUTSCH, PEARL S.
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title SECRETARY
Name RODRIGUEZ, HAYDEE C.
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name ZALKIN, DOROTHY
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name GILBERT, BETTY
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title VP
Name ROOSTA, BAHRAM
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title PRESIDENT
Name ROMERO, MARIA
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title TREASURER
Name KNOLL, JACK
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name HERNANDEZ-TRUJILLO, MAGALY
Address C/O ASSOCIATION SERVICES OF
FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

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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