

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90120 016 \*\*\*\*61.25

DOCUMENT # 730191

1. Entity Name

**RACQUET CLUB ESTATES, INC**

Principal Place of Business

Mailing Address

BOX 560423  
 MIAMI FL 33256-7423

BOX 560423  
 MIAMI FL 33256-0423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1885218**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNELL, JIM**  
**8630 S.W. 94TH ST.**  
**MIAMI FL 33156**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ABOLILA, ANTHONY	
STREET ADDRESS	8540 SW 94TH ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAHL, JACK	
STREET ADDRESS	8610 S W 94TH ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONNEL, JIM.	
STREET ADDRESS	8630 S.W. 94TH ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BONNER, BARBARA	
STREET ADDRESS	8530 SW 94TH ST	
CITY-ST-ZIP	MIAMI FK 33158	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRANK, MERLE	
STREET ADDRESS	8636 S W 94TH ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	<i>SECRETARY</i>	<input type="checkbox"/> Delete
NAME	MCKEON, ELLEN	
STREET ADDRESS	8616 SW 94 ST	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laidlaw, Della	
STREET ADDRESS	8546 SW 94th St	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feria, Amaryllis	
STREET ADDRESS	8510 SW 94th St	
CITY-ST-ZIP	MIAMI, FL: 33156	<b>DIRECTOR</b>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Barbara R. Bonner* **BARBARA R. BONNER** 1-8-00 305 5961694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)