

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732132 (6)
1. Corporation Name
BUILDING TWO OF RACQUET CLUB APARTMENTS AT BONAVENTURE 6 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 480 LAKEVIEW DRIVE #448 FT. LAUDERDALE FL 33326	Mailing Address 48001 SUNSET STRIP SUNRISE FL 33322
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3. Date Incorporated or Qualified 03/13/1975		
4. FEI Number 59-1913000	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 c/o Castle Group Suite, Apt. #, etc. 22 P.O. Box 189013 City & State 23 Plantation, FL Zip 24 33318	Country 25	2a. Mailing Address 26 c/o Castle Group Suite, Apt. #, etc. 27 P.O. Box 189013 City & State 28 Plantation, FL Zip 29 33318	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CUSTOM PROPERTY MGMT. OF BROWARD/DADE, INC
10081 SUNSET STRIP
SUNRISE FL 33322**

10. Name and Address of New Registered Agent
81 Name Castle Property Services Group, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Boulevard
83 Suite C-100
84 City Plantation FL 85 Zip Code 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Gail H. Sangunett* **Gail H. Sangunett, Vice President - Administration 4/7/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEVELEW, ED <input checked="" type="checkbox"/> DELETE 120 LAKEVIEW DRIVE, #118 FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRACKMAN, BOB <input checked="" type="checkbox"/> DELETE 120 LAKEVIEW DRIVE, #102 FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWIMMER, KATHY <input type="checkbox"/> DELETE 120 LAKEVIEW DRIVE, #204 FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOZZUTO, JEAN <input type="checkbox"/> DELETE 120 LAKEVIEW DR., #213 FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, LEE <input checked="" type="checkbox"/> DELETE 120 LAKEVIEW DRIVE, #318 FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Funke, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 Lakeview Drive, #112 Weston, FL 33326
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Graubard, Gus <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 Lakeview Drive, #108 Weston, FL 33326
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD Gould, Irene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 Lakeview Drive, #111 Weston, FL 33326
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Robert Funke* **Robert Funke** 4/7/98 (954) 792-6000

CR2E037 (10/97)