

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90054 008 ****61.25

0038110

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732132

1. Corporation Name

BUILDING TWO OF RACQUET CLUB APARTMENTS AT BONAVENTURE 6 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318
 US

Mailing Address

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318
 US



2. Principal Place of Business

21 **PROP. C/O GABLES MGMT.**
 Suite, Apt. #, etc.
 22 **3300 CORPORATE AV. #10**

23 **WESTON, FLORIDA**
 City & State

24 **33331** 25 **USA**
 Zip Country

2a. Mailing Address

26 **C/O Gables Property Mgmt**
 Suite, Apt. #, etc.
 27 **3300 Corporate Ave, #110**

28 **Weston, FL**
 City & State

29 **33331** 30 **USA**
 Zip Country

3. Date Incorporated or Qualified

03/13/1975

4. FEI Number

59-1913000

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~CASTLE PROPERTY SERVICES GROUP~~
~~4450 W. SUNRISE BLVD~~
~~SUITE C-100~~
~~PLANTATION FL 33313~~

10. Name and Address of New Registered Agent

81 Name **Rosen, P. Kreiling, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2500 Weston Rd
 83 **# 220**
 84 City **Weston** 85 Zip Code **FL 33331**

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

[Signature] **U.O. Edward Paul Kreiling u.p.**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | FUNKE, ROBERT | |
| STREET ADDRESS | 120 LAKEVIEW DR, #112 | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAUBARD, GUS | |
| STREET ADDRESS | 120 LAKEVIEW DRIVE, #108 | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHWIMMER, KATHY | |
| STREET ADDRESS | 120 LAKEVIEW DRIVE, #204 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | BOZZUTO, JEAN | |
| STREET ADDRESS | 120 LAKEVIEW DR., #213 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GOULD, IRENE | |
| STREET ADDRESS | 120 LAKEVIEW DR, #111 | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PD | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 1.2 NAME | IRENE GOULD | |
| 1.3 STREET ADDRESS | 120 LAKEVIEW DR #111 | |
| 1.4 CITY-ST-ZIP | WESTON, FL 33326 | |
| 2.1 TITLE | VD | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 2.2 NAME | BERNICE GELLER | |
| 2.3 STREET ADDRESS | 120 LAKEVIEW DR #117 | |
| 2.4 CITY-ST-ZIP | WESTON, FL 33326 | |
| 3.1 TITLE | SD | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 3.2 NAME | KATHY BUSKEY | |
| 3.3 STREET ADDRESS | 120 LAKEVIEW DR #204 | |
| 3.4 CITY-ST-ZIP | WESTON, FL 33326 | |
| 4.1 TITLE | | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 4.2 NAME | BETTY GROSSMAN | |
| 4.3 STREET ADDRESS | 120 LAKEVIEW DR. #202 | |
| 4.4 CITY-ST-ZIP | WESTON FL 33326 | |
| 5.1 TITLE | | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 5.2 NAME | LYNNE MILLS | |
| 5.3 STREET ADDRESS | 12 17394 75 PLACE NO | |
| 5.4 CITY-ST-ZIP | LOXA HATCHEE, FL 333470 | |
| 6.1 TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/19/99 389-5019
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)