

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90010 043 ****61.25

DOCUMENT # 732132

1. Entity Name

**BUILDING TWO OF RACQUET CLUB APARTMENTS AT BONAV
 ENTURE 6 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

541 S. STATE RD 7
 12
 MARGATE FL 33068
 US

541 S. STATE RD 7
 12
 MARGATE FL 33068
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1913000

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

PHOENIX MANAGEMENT SERVICES, INC.
541 S. STATE RD 7
12
MARGATE FL 33068

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: **VPD** Delete
 NAME: **PAYNES, ESTELLE**
 STREET ADDRESS: **120 LAKEVIEW DR.**
 CITY-ST-ZIP: **WESTON FL 33368**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **GELLER, BERNICE**
 STREET ADDRESS: **120 LAKEVIEW DR.**
 CITY-ST-ZIP: **WESTON FL 33326**

TITLE: _____ Change Addition
 NAME: **Francisco Arquelo**
 STREET ADDRESS: **120 Lakeview Dr**
 CITY-ST-ZIP: **Ft Land FL 33326**

TITLE: **PD** Delete
 NAME: **BUSKEY, KATHY**
 STREET ADDRESS: **120 LAKEVIEW DR.**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33326**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **GROSSMAN, BETTY**
 STREET ADDRESS: **120 LAKEVIEW DR.**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33326**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **TD** Delete
 NAME: **GREENBERG, AARON**
 STREET ADDRESS: **120 LAKEVIEW DR.**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33326**

TITLE: _____ Change Addition
 NAME: **Rebecca Palacios**
 STREET ADDRESS: **120 Lakeview Dr**
 CITY-ST-ZIP: **Ft Land FL 33326**

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change 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)(i), 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: *Kathy Buskey* **KATHY BUSKEY**

3-6-02

CP2E037 (9/01)