
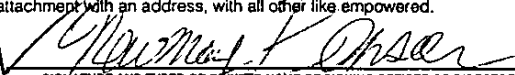
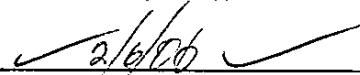


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90015 033 \*\*\*\*61.25

<b>DOCUMENT # 732132</b>					
1. Entity Name BUILDING TWO OF RACQUET CLUB APARTMENTS AT BONAVENTURE 6 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4780 N. STATE RD. 7 STE E-250 FORT LAUDERDALE, FL 33319 US		Mailing Address 4780 N. STATE RD. 7 STE E-250 FORT LAUDERDALE, FL 33319 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 <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHOENIX MANAGEMENT SERVICES, INC. 4780 N. ST. RD. 7 #E250 LAUDERDALE LAKES, FL 33319			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNKE, BOB		NAME	CAST. LO, ANNA	
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS	120 LAKEVIEW DR	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VPDT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSKEY, KATHY		NAME	SANTOS, CATALINA	
STREET ADDRESS	120 LAKEVIEW DRIVE #204		STREET ADDRESS	120 LAKEVIEW DR	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKMAN, JANIS		NAME	ABELLA, ELVIRA	
STREET ADDRESS	120 LAKEVIEW DRIVE		STREET ADDRESS	120 LAKEVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACKMAN, BOB		NAME		
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, NEWMAN		NAME	DT	
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date:  Daytime Phone # _____	