

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90052 020 ****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 ~~541 S. STATE RD 7~~ **4780 N. State Rd. 7**
12 ~~12~~ **STE - E250**
MARGATE FL 33068 ~~MARGATE FL 33068~~ **LAUDERDALE LAKES**
US ~~US~~ **FL 33319**

22005131



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1913000		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYNES, ESTELLE		NAME	Bob Funke	
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS	120 Lakeview Dr	
CITY-ST-ZIP	WESTON FL 33368		CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD/ TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARGUELO, FRANCISCO		NAME	Kathy Buskey	
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS	120 Lakeview Drive # 204	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	WESTON FL 33326	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSKEY, KATHY		NAME	Janis Beckman	
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS	120 Lakeview Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSSMAN, BETTY		NAME	Bob Trackman	
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS	120 Lakeview Dr	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALACIOS, REBECCA		NAME	Newman Benson	
STREET ADDRESS	120 LAKEVIEW DR.		STREET ADDRESS	120 Lakeview Dr	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		CITY-ST-ZIP	WESTON FL 33326	
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 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: *Robert Funke* X1-29-03 389-0092

CR2E037 (10/02)