

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:01

DOCUMENT # 732133 (4)

1. Corporation Name
**BUILDING THREE OF RACQUET CLUB APARTMENTS AT BON
AVENTURE 6 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address
13790 NW 4TH STREET SUITE 104 SUNRISE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/13/1975** 3a. Date of Last Report **06/24/1994**
4. FEI Number **59-1804274** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 CUSTOM PROPERTY MANAGEMENT SUITE, Apt. #, etc. **26 10661 SUNSET STRIP SUNRISE, FL 33322**
22 **27**
City & State City & State
23 **28** **SUNRISE, FL**
Zip Country Zip Country
24 **25** **29** **30** **33322** **BROWARD**

9. Name and Address of Current Registered Agent
**MINELLA, JIM M
100 LAKEVIEW DR.
SUITE 104
DT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	GEIST, JANET
STREET ADDRESS	100 LAKEVIEW DR. #112
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	BURNES, SAM
STREET ADDRESS	100 LAKEVIEW DR. #211
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	PD
NAME	MINELLA, JIM
STREET ADDRESS	100 LAKEVIEW DR. #110
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	SV
NAME	FARANDA, CHARLES
STREET ADDRESS	100 LAKEVIEW DR. #304
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	JACOBSON, FRED
STREET ADDRESS	100 LAKEVIEW DR #213
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: James V. Minella **3/22/95** **726-2070**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)