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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 732133

1. Corporation Name

BUILDING THREE OF RACQUET CLUB APARTMENTS AT BON
AVENTURE 6 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE GROUP
P. O. BOX 189013
PLANTATION, FL 33313
US

Mailing Address

C/O CASTLE GROUP
P. O. BOX 189013
PLANTATION, FL 33313
US



2. Principal Place of Business

21 C/O Jan Geist

Suite, Apt. #, etc.

22 100 Lakeview Dr, #112

City & State

23 Weston, FL

Zip Country

24 33326 25 U.S.

2a. Mailing Address

26 C/O Jan Geist

Suite, Apt. #, etc.

27 100 Lakeview Dr, #112

City & State

28 Weston, FL

Zip Country

29 33326 30 U.S.

3. Date Incorporated or Qualified

03/13/1975

4. FEI Number

59-1804274

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

~~MINELLA, JIM M~~
~~100 LAKEVIEW DR.~~
~~SUITE 104~~
~~BT LAUDERDALE FL 33326~~

10. Name and Address of New Registered Agent

81 Name Jan Geist
82 Street Address (P.O. Box Number is Not Applicable) 100 Lakeview Dr, #112
83
84 City Weston FL 85 Zip Code 33326

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Janet Geist 4/10/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	GEIST, JANET	100 LAKEVIEW DR. #112	WESTON FL	<input type="checkbox"/>
STD	LANGE, DAVID	100 LAKEVIEW DR, #207	WESTON FL 33326	<input type="checkbox"/>
D	NEWMAN, DAVID	7408 FAIRFAX DR	TAMARAC FL	<input checked="" type="checkbox"/>
D	BROTMAN, MARY-JANE	100 LAKEVIEW DR APT 118	WESTON FL	<input checked="" type="checkbox"/>
VP	JACOBSON, FRED	100 LAKEVIEW DR #213	WESTON FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

Janet Geist 4/10/99 954-384-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)