2000 UNIFORM BUSINESS REPORT (UBR) Jun 07, 2000 8:00 am DOCUMENT # 73み33 1. Entity Name **Secretary of State** BUILDING THREE OF RACQUET CLUB APARTMENTS AT BONAVENTURE & CONDOMINIUM ASSOCIATION, INC. 06-07-2000 90001 024 \*\*\*\*61.25 Principal Place of Business
PHOEN 13
541 ST RD #7 Mailing Address TANET GEIST 100 LAKEVIEW DR #12 SUITE 12 WASTON AL MARGATE, 76. 33068 2 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Ant. #, etc." Applied For 4. FEI Number City & State City & State 59-1804274 Not Applicable 1.000 Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name c/o Jan GeISST Street Address (P.O. Box Number is Not Acceptable) 100 Lake View DR 112 Weston FL 35326 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. (NOTE: Registered Agent signature required when re-Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ( Addition TITLE Delete TITI F NAME NAME -MARY JANE BROTMAN STREET ADDRESS 100 Lakeview Dr. #118 STREET ADDRESS CITY-ST-7(P CITY-ST-7IE Weston FL 33326 []] Change Delete TITLE در TITLE NAME NAME David Lange 100 Lakeview Dr. # 907 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Weston FL 88826 CITY-ST-ZIP Addition ☐ Change ☐ Delete LOWEDES CELESTRIN STREET ADDRESS STREET ADDRESS 100 Lakeview Dr # 214 CITY-ST-ZIP WESTON FL 33326 TREASURER - SECRET Delete CITY-ST-ZIP ☐ Change Addition TITLE = NAME NAME TRIBD UAT PODLAKEULEW DE # 662 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, 76.33326 CITY-ST-ZIP Addition Change GOUSE TITLE\* ADELE TITLE NAME NAME 100 LAKEU, Fa DA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UJESTON H 333K CITY-ST-ZIP Change Addition TITLE Delete TITLE 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. Date Daytine Phone #

SIGNATURE: