

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 MAY 31 AM 10:30

DOCUMENT # 732134 (2)  
1. Corporation Name

Building four of Racquet Club Apartments  
at Bonventure Condominium Association Inc.

400001504434  
-06/02/95--01027--010  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
c/o BUDCO SAME  
166414 Saddle Club Rd.  
Ft. Laud. FL 33326

3. Date Incorporated or Qualified 3/13/1975 3a. Date of Last Report 3/2  
4. FEI Number 59-1804327 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 166414 Saddle Club Rd 25 166414 Saddle Club Rd.  
Suite, Apt. #, etc Suite Apt. #, etc  
22 City & State 27 City & State  
23 Ft. Laud., FL 28 Ft.  
24 33326 25 USA 29 33326 30 USA

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

9. Name and Address of Current Registered Agent  
Development Consultants, Inc.  
2901 Simms Street  
Hollywood, FL 33020  
X *[Signature]* PRES. (BUDCO)

10. Name and Address of New Registered Agent  
BUDCO  
14614 SADDLE CLUB RD.  
FT. LAUD. FL 33326

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 agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and the filer (if filer) (None) Registered Agent signature required when returning

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	CASTRO, THERESA - RIMAR
STREET ADDRESS	301 RACQUET CLUB RD. #106
CITY ST ZIP	FT. LAUD., FL 33326
TITLE	S/D
NAME	BONOMO, HELEN
STREET ADDRESS	301 RACQUET CLUB RD # 211
CITY ST ZIP	FT. LAUD. FL 33326
TITLE	V.P., D
NAME	TORSIELLO, ERMA
STREET ADDRESS	301 RACQUET CLUB RD # 202
CITY ST ZIP	FT. LAUD. FL 33326
TITLE	DIRECTOR
NAME	MIRABILE, JOE
STREET ADDRESS	301 RACQUET CLUB RD #104
CITY ST ZIP	FT. LAUD., FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	THERESA CASTRO - RIMAR
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JOSEPH CURIGNE TREAS/D
53 STREET ADDRESS	629 LISHAKILL RD.
54 CITY ST ZIP	SCHNECTADY, NY 12309
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 amendment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REMITTED BY MAY 1**