

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 732134 (2)**  
1. Corporation Name

**BUILDING FOUR OF RACQUET CLUB APARTMENTS AT BONA VENTURE 7 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 16614 SADDLE CLUB RD FT.LAUDERDALE FL 33326  
Mailing Address: 16614 SADDLE CLUB RD FT.LAUDERDALE FL 33326

3. Date Incorporated or Qualified: **03/13/1975**  
3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1804327**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BUDNO  
16614 SADDLE CLUB RD.  
FT.LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent  
81 Name: **BUDDO MANAGEMENT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIMAR, THERESA CASTOR	
STREET ADDRESS	301 RACQUET CLUB, #106	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BONOMO, HELEN	
STREET ADDRESS	301 RACQUET CLUB ROAD, #211	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TORSIELLO, ERMA	
STREET ADDRESS	301 RACQUET CLUB 202	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	CURIONE, JOSEPH	
STREET ADDRESS	629 LISHAKILL RD	
CITY-ST-ZIP	SCHNECTADY NY	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MIRABILE, JOE	
STREET ADDRESS	301 RACQUET CLUB RD 104	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P.D. RIMAR, THERESA</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T.D</b>
4.3 STREET ADDRESS	<b>301 RACQUET CLUB RD #111</b>
4.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33326</b>
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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>D. HYMAN, HERBERT</b>
6.3 STREET ADDRESS	<b>301 RACQUET CLUB RD # 206</b>
6.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33326</b>

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 attachment with an address.

SIGNATURE: *Theresa Rimar*, PRESIDENT 2/5/96 954-3846565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)