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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 732134

1. Corporation Name

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

Principal Place of Business

C/O WEST BROWARD PROPERTY MANAGEMENT
 11530 STATE ROAD 84
 DAVIE FL 33325

Mailing Address

C/O WEST BROWARD PROPERTY MANAGEMENT
 11530 STATE ROAD 84
 DAVIE FL 33325



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/13/1975

4. FEI Number

59-1804327

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

9. Name and Address of Current Registered Agent

FIORE, SALVATORE
 11530 STATE ROAD 84
 DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

PD
 NAME HYMAN, HERB
 STREET ADDRESS 301 RACQUET CLUB ROAD #206
 CITY-ST-ZIP WESTON FL 33326

TITLE DELETE

SD
 NAME BONOMO, HELEN
 STREET ADDRESS 301 RACQUET CLUB ROAD #211
 CITY-ST-ZIP WESTON FL 33326

TITLE DELETE

TD
 NAME CURIONE, JOSEPH
 STREET ADDRESS 301 RACQUET CLUB ROAD #111
 CITY-ST-ZIP WESTON FL 33326

TITLE DELETE

D
 NAME BERKOWITZ, MELVIN
 STREET ADDRESS 301 RACQUET CLUB ROAD #103
 CITY-ST-ZIP WESTON FL 33326

TITLE DELETE

D
 NAME TASSINARI, MARY
 STREET ADDRESS 301 RACQUET CLUB ROAD #202
 CITY-ST-ZIP WESTON FL 33326

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ME 1995

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100/012