

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90031 018 ****61.25

DOCUMENT # 732134
 1. Entity Name
BUILDING FOUR OF RACQUET CLUB APARTMENTS AT BONAVENTURE 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**

50017733



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01172005 Chg-NP CR2E037 (10/03)

4. FEI Number: **59-1804327** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FIORE, SALVATORE
11530 STATE ROAD 84
DAVIE, FL 33325

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CURIONE, JOE	
STREET ADDRESS	301 RACQUET CLUB ROAD #111	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, JUDY	
STREET ADDRESS	301 RACQUET CLUB ROAD #311	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BONOMO, HELEN	
STREET ADDRESS	301 RACQUET CLUB ROAD #211	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTMAN, JOAN	
STREET ADDRESS	301 RACQUET CLUB ROAD #202	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEREZ, JEROME	
STREET ADDRESS	301 RACQUET CLUB RD.	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCO APONTE	
STREET ADDRESS	301 RCL #206	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(j), 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.

SIGNATURE: _____ DATE: **2/17/05** DAYTIME PHONE #: **954 389 0071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH CURIONE