

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 03, 2009  
Secretary of State

DOCUMENT# 732134

**Entity Name:** BUILDING FOUR OF RACQUET CLUB APARTMENTS AT BONAVENTURE 7 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

C/O WEST BROWARD PROPERTY MANAGEMENT  
P O BOX 55130  
DAVIE, FL 33355

FEI Number: 59-1804327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIORE, SALVATORE  
11530 STATE ROAD 84  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

FIORE, SALVATORE  
WEST BROWARD COMM MGMT  
11530 STATE ROAD 84  
DAVIE, FL 33325 US

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.

SIGNATURE:

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CURIONE, JOE  
Address: 301 RACQUET CLUB ROAD #111  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: SULLIVAN, JUDY  
Address: 301 RACQUET CLUB ROAD #311  
City-St-Zip: WESTON, FL 33326

Title: VD ( ) Delete  
Name: BONOMO, HELEN  
Address: 301 RACQUET CLUB ROAD #211  
City-St-Zip: WESTON, FL 33326

Title: S (X) Delete  
Name: DAWBER ABDNOR, DONNA  
Address: 929 S JOY CIRCLE  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ABDNOR-DAWBER, DONNA  
Address: 929 S JOY CIRCLE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE CURIONE

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date