

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