

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738391 (2)

BUILDING TEN OF RACQUET CLUB APARTMENTS AT BONAV ENTURE 5 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2901 SIMMS ST HOLLYWOOD FL 33020	Mailing Address 2901 SIMMS ST HOLLYWOOD FL 33020
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/17/1977	3a. Date of Last Report 03/02/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1920155	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DEVELOPMENT CONSULTANTS, INC 2901 SIMMS ST HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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]* DATE: 3/21/96

12. OFFICERS AND DIRECTORS		13. VICE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE P. GOHEN, ESTHER 5855 N SHERIDAN CHICAGO IL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT / D KARL NICHOLS # 240 LAKEVIEW DR # 205 FT. LAUDERDALE FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE D. GALUG, RAFFL 240 LAKEVIEW S208 FT. LAUDERDALE, FL 002	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER / D NATIVIDAD NEVAREZ 240 LAKEVIEW DR # 202 FT. LAUDERDALE FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE W.D. FALSONE, BRENDA 240 LAKEVIEW DR #103 FT LAUDERDALE FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR GERARDITA BAUZA 240 LAKEVIEW DR # 311 FT. LAUDERDALE FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D. MORGAN, RUTH 240 LAKEVIEW DR, 306 FT. LAUDERDALE FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY / D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE F. LOPEZ, FAUSTO 240 LAKEVIEW DR. #305 FT LAUDERDALE FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700001773087 -04/09/96--01012--014m.m. ***61.25 3-18-96

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 or 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)