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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 738391 (2)
1. Corporation Name
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 33020-1510

3. Date Incorporated or Qualified: 03/17/1977
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-28: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-1920155
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, 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]*
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	PD	<input type="checkbox"/> DELETE
NAME	NICHOLS, KARL	
STREET ADDRESS	240 LAKE VIEW DRIVE, #205	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEVAREZ, NATIVIADAD	
STREET ADDRESS	240 LAKE VIEW DRIVE #202	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUZA, GERARDITA	
STREET ADDRESS	240 LAKEVIEW DR #311	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORGAN, RUTH	
STREET ADDRESS	240 LAKEVIEW DR, 306	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOPEZ, FAUSTO	
STREET ADDRESS	240 LAKEVIEW DR. #305	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Natividad Nevarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021272

CR2E037 (9/96)