
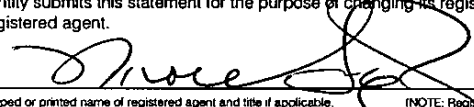



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90206 016 ****61.25

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DOCUMENT # 738391			
1. Entity Name BUILDING TEN OF RACQUET CLUB APARTMENTS AT BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business D.C.T. 2035 HARDING ST #200 HOLLYWOOD, FL 33020		Mailing Address D.C.T. 2035 HARDING ST #200 HOLLYWOOD, FL 33020	
2. Principal Place of Business 1750 UNIVERSITY DR Suite, Apt. #, etc. 205		3. Mailing Address SWIRE MGMT Suite, Apt. #, etc. 1750 UNIVERSITY DR #205	
City & State COEN SPRS FL		City & State COEN SPRINGS FL	
Zip 33671		Country	
Zip 33071		Country	
4. FEI Number 59-1920155		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST #200 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: SWIRE MANAGEMENT SOLUTIONS Street Address (P.O. Box Number is Not Acceptable): 1750 UNIVERSITY DR #205 City: COEN SPRINGS FL Zip Code: 33071	
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: 1/31/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: SAENE, JUAN	TITLE: Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Manuel R. Isava
STREET ADDRESS: 240 LAKEVIEW DRIVE	CITY-ST-ZIP: WESTON, FL 33326	STREET ADDRESS: 240 Lakeview Dr #308	CITY-ST-ZIP: Weston, FL 33326
TITLE: P <input type="checkbox"/> Delete	NAME: PLOTNIK, ALBERTO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Luis Eduardo Pinzon
STREET ADDRESS: 240 LAKEVIEW DR #313	CITY-ST-ZIP: WESTON, FL 33326	STREET ADDRESS: 240 Lakeview Dr #303	CITY-ST-ZIP: Weston, FL 33326
TITLE: SD <input checked="" type="checkbox"/> Delete	NAME: MORGAN, RUTH	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 240 LAKEVIEW DR #305	CITY-ST-ZIP: WESTON, FL 33326	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP <input type="checkbox"/> Delete	NAME: LOPEZ, FAUSTO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 240 LAKEVIEW DR. #305	CITY-ST-ZIP: WESTON, FL	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD <input type="checkbox"/> Delete	NAME: HERNANDEZ, AGUSTIN	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2522 JARDIN DR	CITY-ST-ZIP: WESTON, FL 33327	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental reports 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: 1/31/05 Daytime Phone #: 9543416340	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	