


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90163 044 ****61.25

DOCUMENT # 738391

1. Entity Name
BUILDING TEN OF RACQUET CLUB APARTMENTS AT BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1750 UNIVERSITY DR 205 CORAL SPRINGS, FL 33071	Mailing Address SWIFT MGMT 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01262006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number 59-1920155	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ISAVA, MANUEL R. STREET ADDRESS: 240 LAKEVIEW DRIVE CITY-ST-ZIP: WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: KAREN FISHER STREET ADDRESS: 240 Lakeview #204 CITY-ST-ZIP: Weston FL 3326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: PLOTNIK, ALBERTO STREET ADDRESS: 240 LAKEVIEW DR #313 CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE: SECRETARY NAME: BRENDA FALSONE STREET ADDRESS: 240 Lakeview #103 CITY-ST-ZIP: Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: PINZON, LUIS E STREET ADDRESS: 240 LAKEVIEW DR #305 CITY-ST-ZIP: WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LOPEZ, FAUSTO STREET ADDRESS: 240 LAKEVIEW DR. #305 CITY-ST-ZIP: WESTON, FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HERNANDEZ, AGUSTIN STREET ADDRESS: 2522 JARDIN DR CITY-ST-ZIP: WESTON, FL 33327	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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 exemptions contained 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 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: *Alberto Plotnik* Date: 2/27/06 Daytime Phone #: 391 6340