2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCLI										/		
DOCUMENT # 738391 1. Entity Name BUILDING TEN OF RACQUET CLUB APARTMENTS AT BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.									_	044 ****6		
1750 UNIVERSITY DR SI 205 1			SWIFT I 1750 L	Mailing Address SWIFT MGMT 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071				<u> </u>	91 0 1 10170 (1110 1010		18/1 1 /11/1 6/11/1 1/6/	1
2. Principal Place of Business			3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				01262006	Chg-NP	CR2E	037 (11/05)	
City & State			City	City & State				4. FEI Numbe 59-1920				plied For
Zip	Zip Country		Zip		Cou	Country			of Status Desire	d 🔲	\$8.75 Add	litional
	6. Name a	and Address of Curren	t Registered	Agent	j·			7. Name and	Address of Nev	v Registered		
CVAULT AAA						Name						
SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071				Street Address (P.O. Bax Numbe	r is Not Accepte	able)			
						City				F	Zip Code	 9
	named entity s	submits this statement red agent.	for the purpos	e of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of		<u> </u>	and accept
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SIGNATURE .	Signature, typed or	printed name of registered age	nt and title if applic	able. (NOT	E: Registere	d Agent signatu	re required	when reinstating)		DATE		
SIGNATURE .	Filing Fee	r printed name of registered age	nt and little if applic	9. Election Car Trust Fund (mpaign F	inancing	re required	when reinstating) \$5.00 May Br Added to Fees	9 F	Make che	ck payable to	
	Filing Fee	is \$61.25 ay 1, 2006		9. Election Car	mpaign F Contributi	inancing		\$5.00 May B	F	Make che lorida Depa	ck payable to	ate
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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 adcurate and that my signature shall have the same legal effect as if made under eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR WINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/100

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Daylime Phone #