

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 738391

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

Current Principal Place of Business:

11530 STATE RD 84
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

WEST BROWARD COMM. MGMT.
PO BOX 551390
DAVIE, FL 33355

New Mailing Address:

FEI Number: 59-1920155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST BROWARD COM. MGMT
11530 STATE ROAD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

WEST BROWARD COMM MGMT
11530 STATE ROAD 84
DAVIE, FL 33325 US

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.

SIGNATURE: ANGELA FIORE

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LOPEZ, FAUSTO
Address: 240 LAKEVIEW DR #305
City-St-Zip: WESTON, FL 33326

Title: P () Delete
Name: RAMIREZ, MANUEL I
Address: 240 LAKEVIEW DR #308
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: VASQUEZ, RAUL S
Address: 240 LAKEVIEW DRIVE #203
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: GUNDERSEN, DAWN
Address: 240 LAKEVIEW DRIVE #112
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: GALLOR, JESSIE
Address: 240 LAKEVIEW DR #211
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL I RAMIREZ

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date