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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:54

DOCUMENT # **747076** **(8)**

1. Corporation Name

RACQUET CLUB APARTMENTS AT BONAVENTURE 8 SOUTH C ONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8498 STATE RD 84 DAVIE FL 33324 US	8498 STATE RD 84 DAVIE FL 33324 US

3. Date Incorporated or Qualified: 05/07/1979
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1920122 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8270 STATE ROAD 84	26 8270 STATE ROAD 84
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DAVIE, FLORIDA	28 City & State: DAVIE, FLORIDA
24 Zip: 33324 25 Country: BROWARD	29 Zip: 33324 30 Country: BROWARD

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLIAKOFF, GARY A. 3111 STIRLING RD. FT. LAUDERDALE FL 33312-3525	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	D ☐ Change ☒ Addition
NAME	~~REZNICEK, LOIS~~	12 NAME	OPPENHEIMER, DONALD
STREET ADDRESS	~~359 LAKEVIEW DRIVE 102~~	13 STREET ADDRESS	341 LAKEVIEW DRIVE #102
CITY ST ZIP	~~FT LAUDERDALE FL~~	14 CITY ST ZIP	FORT LAUDERDALE, FL
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	PAUL, MARILYN	22 NAME	
STREET ADDRESS	331 LAKEVIEW DRIVE 103	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BERMAN, DEANNA	32 NAME	
STREET ADDRESS	369 LAKEVIEW DRIVE 103	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, MORRIS	42 NAME	
STREET ADDRESS	331 LAKEVIEW DR, 101	43 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	
TITLE	~~D~~	51 TITLE	☐ Change ☐ Addition
NAME	~~LEFCOURT, GEORGE~~	52 NAME	
STREET ADDRESS	~~341 LAKEVIEW DR, 101~~	53 STREET ADDRESS	
CITY ST ZIP	~~FT LAUDERDALE FL~~	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marilyn Paul 4/4/95 309-4791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010466