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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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

1. Corporation Name

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

Principal Place of Business	Mailing Address
8270 STATE ROAD 84 DAVIE FL 33324 US	8270 STATE ROAD 84 DAVIE FL 33324-4641 US

3. Date Incorporated or Qualified: 05/07/1979
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21: 11530 ST RD 84
22: Suite, Apt. #, etc
23: DAVIE, FL
24: Zip 33325
25: Country USA

2a. Mailing Address
26: PO Box 551390
27: Suite, Apt. #, etc.
28: DAVIE, FL
29: Zip 33325
30: Country USA

4. FEI Number: 59-1920122 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-3525

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D OPPENHEIMER, DONALD 341 LAKEVIEW DRIVE #102 FT LAUDERDALE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD WALTER, HERBERT 389 LAKEVIEW DRIVE #202 FT LAUDERDALE, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAUL, MARILYN 331 LAKEVIEW DRIVE 103 FT LAUDERDALE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD STEIN, JOSEPH 389 LAKEVIEW DRIVE 102 FT LAUDERDALE, FL 33326	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MONTGOMERY, ROBERT 331 LAKEVIEW DRIVE #41-104 FORT LAUDERDALE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINSTEIN, MORRIS 331 LAKEVIEW DR, 101 FT LAUDERDALE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAUL, MARILYN 331 LAKEVIEW DRIVE 41-103 FT LAUDERDALE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEINSTEIN, MORRIS 331 LAKEVIEW DRIVE 41-101 FORT LAUDERDALE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Joseph Stein	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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: R. Kopsky SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037195