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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747076

1. Corporation Name

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

Principal Place of Business

11530 ST ROAD 84
DAVIE FL 33325
US

Mailing Address

PO BOX 551390
DAVIE FL 33325
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/07/1979

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

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 **West Broward Property Mgmt. - Angela Fiore**

82 Street Address (P.O. Box Number is Not Acceptable)
11530 State Road 84

83

84 City **Davie**

FL

85 Zip Code
33325

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 *Angela Fiore*
Signature typed or printed name of registered agent and title if applicable.

ANGELA FIORE

2/1/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD P/D** ☐ DELETE
NAME **WALTER, HERBERT**
STREET ADDRESS **389 LAKEVIEW DRIVE #202**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **PD S/D** ☐ DELETE
NAME **STEIN, JOSEPH**
STREET ADDRESS **399 LAKEVIEW DRIVE #102**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☒ DELETE
NAME **MANTUO, KENNETH**
STREET ADDRESS **369 LAKEVIEW DRIVE #101**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD D** ☐ DELETE
NAME **WEINSTEIN, MORRIS**
STREET ADDRESS **331 LAKEVIEW DR, 101**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD** ☒ DELETE
NAME **PAUL, MARILYN**
STREET ADDRESS **331 LAKEVIEW DRIVE 41-103**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **LEFCOURT, GEORGE**
3.4 CITY-ST-ZIP **341 Lakeview Drive #101
Weston, FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

Herbert Walter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)