2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90349 019 ****61.25

0075226

DOCUMENT # 747076

1. Entity Name

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

Principal Place of Business	Mailing Address
11530 ST ROAD 84 DAVIE FL 33325 US	PO BOX 551390 DAVIE FL 33325 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

WEST BROWARD PROPERTY MGMT
% ANGELA FIORE
11530 ST RD 84
DAVI FL 33325

7. Name and Address of New Registered Agent

Name: WEST BROWARD COMMUNITY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable): 11530 STATE ROAD 84
City: DAVIE FL Zip Code: 33325

8. 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 _____ SALVATORE FIORE, PRES. 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALTER, HERBERT 389 LAKEVIEW DRIVE #202 WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEIN, JOSEPH 399 LAKEVIEW DRIVE #102 FT LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEIN, JOSEPH 399 LAKEVIEW DRIVE FT. LAUDERDALE, FL 33326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUCE, RICHARD 341 LAKEVIEW DR #101 WESTON FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GEORGE LEFCOURT 341 LAKEVIEW DRIVE WESTON, FL 33326 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIN, JOSEPH 399 LAKEVIEW DR 49-102 WESTON FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FORTINO, RALPH 369LAKEVIEW DRIVE WESTON, FL 33326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFCOURT, GEORGE 341 LAKEVIEW DRIVE 42-101 WESTON FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KURTZ, ROBERTA 357 LAKEVIEW DRIVE WESTON, FL 33326 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTINO, RALPH 369 LAKEVIEW DR 46-104 WESTON FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ 3/18/02 Date 954 472-3820 Daytime Phone #