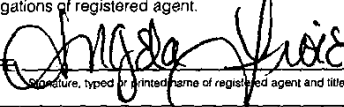
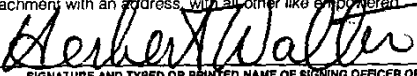


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90036 008 ****61.25

DOCUMENT # 747076					
1. Entity Name RACQUET CLUB APARTMENTS AT BONAVENTURE 8 SOUTH CONDOMINIUM 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01092004 Chg-NP CR2E037 (10/03)	
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			7. Name and Address of New Registered Agent		
WEST BROWARD PROPERTY MGMT % ANGELA FIORE 11530 ST RD 84 DAVIE, FL 33325			Name WEST BROWARD COMMUNITY MGMT Street Address (P.O. Box Number is Not Acceptable) 11530 STATE ROAD 84 City DAVIE FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		ANGELA FIORE		DATE 4-2-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WALTER, HERBERT	NAME			
STREET ADDRESS	389 LAKEVIEW DRIVE #202	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	STEIN, JOSEPH	NAME			
STREET ADDRESS	399 LAKEVIEW DRIVE #102	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition		
NAME	LEFCOURT, GEORGE	NAME			
STREET ADDRESS	341 LAKEVIEW DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP			
TITLE	TD ☒ Delete	TITLE	☐ Change ☐ Addition		
NAME	PORTINO, RALPH	NAME			
STREET ADDRESS	369 LAKEVIEW DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	KURTZ, ROBERTA	NAME			
STREET ADDRESS	357 LAKEVIEW DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Date _____ Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					