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May 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749476 (8)

1. Corporation Name

RACQUET CLUB GARDEN APARTMENTS AT BONAVENTURE 9-
A NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD STE N
N LAUDERDALE FL 33068% NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD STE N
N LAUDERDALE FL 33068-28203. Date Incorporated or Qualified
10/24/19793a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1944113

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

BERKHEIMER, JERRY D.
%NORDE MGMT CORP
6047 KIMBERLY BLVD SUITE N
N. LAUDERDALE FL 33068

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME LANCASTER, LEWIS
STREET ADDRESS 318 LAKEVIEW DRIVE #201
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME JACKSON, KATHLEEN R.
1.3 STREET ADDRESS 318 LAKEVIEW DR. #104
1.4 CITY-ST-ZIP FT. LAUDERDALE, FLTITLE TD ☐ DELETE
NAME STROM, THELMA R
STREET ADDRESS 310 LAKEVIEW DR #106
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME JAMES, CHARLOTTE
STREET ADDRESS 310 LAKEVIEW DRIVE #203
CITY-ST-ZIP FT. LAUDERDALE FL3.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME MAGID, MILTON
3.3 STREET ADDRESS 318 LAKEVIEW DR. #102
3.4 CITY-ST-ZIP FT. LAUDERDALE, FLTITLE D ☒ DELETE
NAME SYLVIA, IVES
STREET ADDRESS 318 LAKEVIEW DR #204
CITY-ST-ZIP FT LAUDERDALE FL4.1 TITLE S/T/D ☐ Change ☒ Addition
4.2 NAME KISZEWSKI, KIM M.
4.3 STREET ADDRESS 310 LAKEVIEW DR. #204
4.4 CITY-ST-ZIP FT. LAUDERDALE, FLTITLE PD ☒ DELETE
NAME KATROSAR, SYD
STREET ADDRESS 302 LAKEVIEW DR #105
CITY-ST-ZIP FT LAUDERDALE FL5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME VICARIA, ANTONIO
5.3 STREET ADDRESS 334 LAKEVIEW DR. #203
5.4 CITY-ST-ZIP FT. LAUDERDALE, FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

KATHLEEN R. JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/15/97 973-1311
Date Daytime Phone # 0025718

CR2E037 (9/96)