


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749476** (8)  
1. Corporation Name

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

Principal Place of Business <b>% NORDE MANAGEMENT CORPORATION 6047 KIMBERLY BLVD STE N N LAUDERDALE FL 33068</b>	Mailing Address <b>% NORDE MANAGEMENT CORPORATION 6047 KIMBERLY BLVD STE N N LAUDERDALE FL 33068</b>
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2. Principal Place of Business 21 22 23 24	2a. Mailing Address 25 26 27 28 29 30
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3. Date Incorporated or Qualified <b>10/24/1979</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1944113</b>	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BERKHEIMER, JERRY D. %NORDE MGMT CORP 6047 KIMBERLY BLVD SUITE N N. LAUDERDALE FL 33068</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JACKSON, KATHLEEN R 318 LAKEVIEW DR #104 FT. LAUDERDALE FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D SILVESTRI, GLORIA 318 LAKEVIEW DR #103 FT. LAUDERDALE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STROM, THELMA R 310 LAKEVIEW DR #106 FT. LAUDERDALE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MAGID, MILTON 318 LAKEVIEW DR #102 FT. LAUDERDALE FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KISZEWSKI, KIM M 310 LAKEVIEW DR #204 FT LAUDERDALE FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SHEWBRIDGE, KIM M</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VICARIA, ANTONIO 334 LAKEVIEW DR #203 FT LAUDERDALE FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE: *Kathleen R. Jackson* (KATHLEEN R. JACKSON) 3/9/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 000000

CR2E037 (10/97)