

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749476

1. Entity Name

RACQUET CLUB GARDEN APARTMENTS AT BONAVENTURE 9-

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90267 027 ****61.25

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 33068-2820

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 Applied For
59-1944113 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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 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 \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, KATHLEEN R	
STREET ADDRESS	318 LAKEVIEW DR #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SILVESTRI, GLORIA	
STREET ADDRESS	318 LAKEVIEW DR, #103	
CITY-ST-ZIP	FT. LAUDERDALE FL 33068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAGID, MILTON	
STREET ADDRESS	318 LAKEVIEW DR #102	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROM, THELMA	
STREET ADDRESS	310 LAKEVIEW DR #106	
CITY-ST-ZIP	WESTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANCASTER, KAREN	
STREET ADDRESS	318 LAKEVIEW DR #201	
CITY-ST-ZIP	WESTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAN SANCHEZ	
STREET ADDRESS	318 LAKEVIEW DRIVE, APT. #203	
CITY-ST-ZIP	WESTON, FL. 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)