

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90036 020 ****61.25

44024431



03162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1944113 Applied For Not Applicable

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

DOCUMENT # 749476

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



Principal Place of Business
% NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD STE N
N LAUDERDALE, FL 33068

Mailing Address
% NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD STE N
N LAUDERDALE, FL 33068

2. Principal Place of Business
CCM, Inc.

3. Mailing Address
C/O CCM, Inc.

Suite, Apt. #, etc.
10034 W. McNab Road

Suite, Apt. #, etc.
10034 W. McNab Road

City & State
Tamarac, Fl.

City & State
Tamarac, Fl.

Zip 33321 Country Broward

Zip 33321 Country Broward

6. Name and Address of Current Registered Agent
BERKHEIMER, JERRY D.
%NORDE MGMT CORP
6047 KIMBERLY BLVD SUITE N
N. LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent
Name James R. Miles
Street Address (P.O. Box Number is Not Acceptable)
Consolidated Community Management, Inc.
10034 W. McNab Road
City Tamarac, FL Zip Code 33321

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 *[Signature]* DATE 3-16-04

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, KATHLEEN R 318 LAKEVIEW DR #104 FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIGMORE, JASON 342 LAKEVIEW DR. #104 WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGID, MILTON 318 LAKEVIEW DR #102 FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARILYN, MAGID 318 LAKEVIEW DR. #102 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, MIRIAN 318 LAKEVIEW DRIVE, APT #203 WESTON, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADISO, PHYLLIS 318 LAKEVIEW DR. #203 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* KATHLEEN R. JACKSON 954/354-434

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