


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90198 012 ****61.25

DOCUMENT # 751550

1. Entity Name
THE RACQUET CLUB OF DEER CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O BENCHMARK PROPERTY MGMT., INC.
7932 WILES ROAD
CORAL SPRINGS FL 33067**

Mailing Address
**C/O BENCHMARK PROPERTY MGMT., INC.
7932 WILES ROAD
CORAL SPRINGS FL 33067**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-0238490**

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

**SWEENEY, ROBERT M
9 DEER CREEK RD
A-105
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KESL, GARY	
STREET ADDRESS	2950 D.C. COUNTRY CLUB BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREENE, ALLAN	
STREET ADDRESS	17 DEER CREEK ROAD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SWEENEY, ROBERT	
STREET ADDRESS	9 DEER CREEK RD	
CITY-ST-ZIP	DEARFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RAYMOND	
STREET ADDRESS	216 N MAIN ST	
CITY-ST-ZIP	HERKIMER NY 13350	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALL, LYNN	
STREET ADDRESS	119 DEER CREEK ROAD N206	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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]* **RESIGNATURE REQUIRED**

4-12-03

CR2E037 (10/02)