

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 2: 15

DOCUMENT # **753249** (2)  
1. Corporation Name  
**RACQUET CLUB APARTMENTS AT BONAVENTURE 9B CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**C/O NORDE MANAGEMENT CORPORATION** **C/O NORDE MANAGEMENT CORPORATION**  
**6047 KIMBERLY BLVD., SUITE N** **6047 KIMBERLY BLVD., SUITE N**  
**N. LAUDERDALE FL 33068** **N. LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**07/03/1980** **02/14/1994**  
4. FEI Number Applied For  
**59-2168900** Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. 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  
**NORDE MANAGEMENT CORPORATION** 81 Name  
**6047 KIMBERLY BOULEVARD** 82 Street Address (P.O. Box Number is Not Acceptable)  
**SUITE N** 83  
**NORTH LAUDERDALE 33068** 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO SIMMONS, WILLIAM 410 LAKEVIEW DR. FT. LAUDERDALE FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD KLEIN, BERNARD 410 LAKEVIEW DRIVE #103 FT. LAUDERDALE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD CALAUTTI, SALVATORE S. 404 LAKEVIEW DR. #104 FT. LAUDERDALE, FL.</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BUSCEMI, MARK 402 LAKEVIEW DR FT. LAUDERDALE FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD SAPON, LILA 406 LAKEVIEW DRIVE #103 FT. LAUDERDALE FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ULVANO, WILLIAM 416 LAKEVIEW DR FT LAUDERDALE FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Simmons - William Simmons 3-29-95 305-973-1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #