

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **753249** (2)

1. Corporation Name

RACQUET CLUB APARTMENTS AT BONAVENTURE 9B CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **07/03/1980**
3a. Date of Last Report: **04/05/1995**
4. FEI Number: **59-2168900**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **S&A PROPERTY MGMT., INC.**
2a. Mailing Address: **S&A PROPERTY MGMT., INC.**
21. Suite, Apt. #, etc.: **P.O. Box 290537**
22. City & State: **DAVIE, FL. 33329-0537**
23. Zip: **33329** Country: **BROWARD**
24. Zip: **33329** Country: **BROWARD**

9. Name and Address of Current Registered Agent
**NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BOULEVARD
SUITE N
NORTH LAUDERDALE 33068**

10. Name and Address of New Registered Agent
81. Name: **S & A Property Mgmt., Inc.**
82. Street Address (P.O. Box Number is Not Acceptable): **4851 N.W. 103 Ave., Suite #44A**
83. City: **Sunrise** State: **FL** Zip Code: **33351**

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 officer 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: **Edward Hauber, President** DATE: **Feb. 21, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, WILLIAM	
STREET ADDRESS	410 LAKEVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALAUTTI, SALVATORE S	
STREET ADDRESS	404 LAKEVIEW DR. #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUSCEMI, MARK	
STREET ADDRESS	402 LAKEVIEW DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SAPON, LILA	
STREET ADDRESS	406 LAKEVIEW DRIVE #103	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ULVANO, WILLIAM	
STREET ADDRESS	416 LAKEVIEW DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark Buscemi	
1.3 STREET ADDRESS	402 Lakeview Drive, #203	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lila Sapon	
2.3 STREET ADDRESS	406 Lakeview Drive, #103	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin Schneider	
3.3 STREET ADDRESS	410 Lakeview Drive, #204	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph Lewis	
4.3 STREET ADDRESS	416 Lakeview Drive, #201	
4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lila Sapon** DATE: **2/21/96** DAYTIME PHONE: **305-384-9428**

CR2E037 (12/95)