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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
S AND A PROPERTY MANAGEMENT, INC.
P.O. BOX 290537
DAVIE FL 33329-0537



3. Date Incorporated or Qualified 07/03/1980
3a. Date of Last Report 03/13/1996
4. FEI Number 59-2168900
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$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 2a. Mailing Address
21 11530 State Rd. 84 26 P.O. Box 551390
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ft. Lauderdale, Fl 28 FT. Lauderdale, Fl
24 33325 25 Broward 29 33325 30 Broward

9. Name and Address of Current Registered Agent
S AND A PROPERTY MANAGEMENT, INC.
4851 NW 103 AVE
SUITE 44A
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name West Broward Property Management Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 11530 State Rd. 84
83
84 City Ft. Lauderdale FL 85 Zip Code 33325

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 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 617.0503, Florida Statutes.

SIGNATURE [Signature] [Signature] DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include BUSCEMI, MARK; SAPON, LILA; SCHNEIDER, MARTIN; LEWIS, JOSEPH; ULVANO, WILLIAM.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include Demkowicz, Susan; Levine, Iris; Schneider, Martin.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [Signature] DATE 1/17/97

CFR2E037 (9/96)