


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 11530 SR 84 FT LAUDERDALE FL 33325 US	Mailing Address PO BOX 551390 FT LAUDERDALE FL 33325 US	3. Date Incorporated or Qualified 07/03/1980
		4. FEI Number 59-2168900
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 29	Country 30	

9. Name and Address of Current Registered Agent WEST BROWARD PROPERTY MANAGEMENT INC 11530 SR 84 FT LAUDERDALE FL 33325		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMROWICZ, SUSAN		1.2 NAME	
STREET ADDRESS 402 LAKEVIEW DR #104		1.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SAPON, LILA		2.2 NAME SAWYER, JAMES	
STREET ADDRESS 406 LAKEVIEW DR #103		2.3 STREET ADDRESS 406 LAKEVIEW DR #201	
CITY-ST-ZIP FT LAUDERDALE FL 33326		2.4 CITY-ST-ZIP FT LAUDERDALE FL 33326	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEIDER, MARTIN		3.2 NAME	
STREET ADDRESS 410 LAKEVIEW DR #204		3.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D,T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEWIS, JOSEPH		4.2 NAME	
STREET ADDRESS 416 LAKEVIEW DRIVE #201		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVINE, IRIS		5.2 NAME CLATMAN, BARRY	
STREET ADDRESS 404 LAKEVIEW DR #201		5.3 STREET ADDRESS 406 LAKEVIEW DR #101	
CITY-ST-ZIP FT LAUDERDALE FL		5.4 CITY-ST-ZIP FT LAUDERDALE, FL 33326	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Martin Schneider* **NATURE REQUIRED** 1/16/98

CR2E037 (10/97)