

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Feb 04 1998 8:00am
Secretary of State

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 Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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	

9. Name and Address of Current Registered Agent WEST BROWARD PROPERTY MANAGEMENT INC 11530 SR 84 FT LAUDERDALE FL 33325				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	DEMKOWICZ, SUSAN 402 LAKEVIEW DR #104 FT LAUDERDALE FL	1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	SAPON, LILA 406 LAKEVIEW DR #103 FT LAUDERDALE FL 33326	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD	SCHNEIDER, MARTIN 410 LAKEVIEW DR #204 FT LAUDERDALE FL	2.2 NAME SAWYER, JAMES	
TITLE D	LEWIS, JOSEPH 416 LAKEVIEW DRIVE #201 FT. LAUDERDALE FL	2.3 STREET ADDRESS 406 LAKEVIEW DR #201	
TITLE D	LEVINE, IRIS 404 LAKEVIEW DR #201 FT LAUDERDALE FL	2.4 CITY-ST-ZIP FT LAUDERDALE FL 33326	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE D,T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		5.2 NAME CIATAMAN, BARRY	
TITLE		5.3 STREET ADDRESS 406 LAKEVIEW DR #101	
TITLE		5.4 CITY-ST-ZIP FT LAUDERDALE, FL 33326	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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)