


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90249 036 ****61.25

DOCUMENT # 753249					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2168900	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEST BROWARD COMMUNITY MGMT 11530 STATE RD 84 DAVIE, FL 33325			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	U	CHARLES VE GA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAPON, LILA	NAME		408 LAKEVIEW DR #201	
STREET ADDRESS	406 LAKE NEW DR #103	STREET ADDRESS		WESTON, FL 33326	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	D	LENE BLECHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEIDER, MARTIN	NAME		410 LAKEVIEW DR #202	
STREET ADDRESS	410 LAKEVIEW DR #204	STREET ADDRESS		WESTON, FL 33326	
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	LEWIS, JOSEPH	NAME			
STREET ADDRESS	416 LAKEVIEW DRIVE #201	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	ULUANO, WILLIAM	NAME			
STREET ADDRESS	816 LAKE NEW DR #101	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D	ANTONIO RIVERA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERO, AATMOB	NAME		402 LAKEVIEW DR #101	
STREET ADDRESS	402 LAKENEW DR #101	STREET ADDRESS		WESTON, FL 33326	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ DATE: 4/26/04 DAYTIME PHONE # _____					