


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 753249</b> 1. Entity Name RACQUET CLUB APARTMENTS AT BONAVENTURE 9B CONDOMINIUM ASSOCIATION, INC.	
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FILED

07 APR 23 AM 10:37


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06-017

Principal Place of Business 11530 SR 84 FT LAUDERDALE, FL 33325 US	Mailing Address PO BOX 551390 FT LAUDERDALE, FL 33325 US
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2. Principal Place of Business - No P.O. Box # <b>4800 N. STATE RD 7</b>	3. Mailing Address <b>4800 N. STATE RD. 7</b>
Suite, Apt. #, etc. <b>105 LAUDERDALE LAKES</b>	Suite, Apt. #, etc. <b>105</b>

City & State <b>LAUDERDALE LAKES</b>	City & State <b>LAUDERDALE LAKES</b>	4. FEI Number <b>59-2168900</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33319</b>	Country <b>FL</b>	Zip <b>33319</b>	Country <b>FL</b>



04092007 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent WEST BROWARD COMMUNITY MGMT 11530 STATE RD 84 DAVIE, FL 33325		7. Name and Address of New Registered Agent Name <b>PHOENIX MANAGEMENT SERVICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4800 N. STATE RD 7</b> <b>SUITE # 105</b> City <b>LAUDERDALE LAKES FL</b> Zip Code <b>33319</b>	
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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 Don Mutoric Association Manager *[Signature]* 4/12/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAPON, LILA			NAME	D'AGOSTINO VICTOR		
STREET ADDRESS	406 LAKE NEW DR #103			STREET ADDRESS	406 LAKEVIEW DRIVE # 101		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326			CITY-ST-ZIP	WESTON, FL 33326		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEIDER, MARTIN			NAME	BARBERA THERESA		
STREET ADDRESS	410 LAKEVIEW DR #204			STREET ADDRESS	402 LAKEVIEW DRIVE # 102		
CITY-ST-ZIP	FT LAUDERDALE, FL			CITY-ST-ZIP	WESTON, FL 33326		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VEGA, CHARLES			NAME	URIBE CHRISTINA		
STREET ADDRESS	408 LAKEVIEW DR. #201			STREET ADDRESS	406 LAKEVIEW DRIVE # 102		
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP	WESTON, FL 33326		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLECHER, ILENE			NAME			
STREET ADDRESS	410 LAKEVIEW DR. #202			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTENEGRO, ANGELA			NAME			
STREET ADDRESS	406 LAKEVIEW DR, # 204			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Chapter 119, 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: VICTOR F. D'AGOSTINO PRESIDENT *[Signature]* APR 12 07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #