
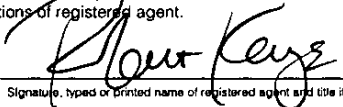


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90192 039 \*\*\*\*61.25

DOCUMENT # 763381					
1. Entity Name THE RACQUET CLUB OF DEER CREEK II CONDOMINIUM, INC.					
Principal Place of Business 41 DEERCREEK RD SUITE 6-110 DEERFIELD BEACH, FL 33442		Mailing Address PO BOX 832108 DELRAY BEACH, FL 33483			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 7932 Wiles Road		3. Mailing Address Suite, Apt. #, etc. 7932 Wiles Road			
City & State Coral Springs		City & State Coral Springs		4. FEI Number 59-2271451	
Zip 33067		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALL, LYNN R 41 DEERCREEK RD. 6-110 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Robert Kaye + Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 N.W. Le Way Suite 103 City Ft. Lauderdale FL Zip Code 33309		
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 		Signature, typed or printed name of registered agent and title if applicable. Lynn R. Ball President		DATE 4.23.07	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BALL, LYNN B 119 DEERCREEK RD #N206 DEERFIELD BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Bryson TD 3184 Lakeshore Dr Deerfield Beach, Fl 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGNELLI, VAL 41 DEERCREEK RD G110 DEERFIELD BCH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + S Belmont, Michael 119 Deercreek Road N206 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD & VP D BELMONT, MICHAEL 119 DEERCREEK RD N206 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/19/07 954 925-0660	