

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766265 (3)

1. Corporation Name

RACQUET CLUB VILLAGE APARTMENTS AT BONAVENTURE 1 EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O NORDE MANAGEMENT CORPORATION 6047 KIMBERLY BLVD. SUITE N N. LAUDERDALE FL 33068
Mailing Address: C/O NORDE MANAGEMENT CORPORATION 6047 KIMBERLY BLVD. SUITE N N. LAUDERDALE FL 33068

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 02/21/1995

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
22. Mailing Address: Suite, Apt. #, etc. City & State Zip Country
23. City & State
24. Zip Country

4. FEI Number: 59-2323038 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BERKHEIMER, JERRY D % NORDE MANAGEMENT CORPORATION 6047 KIMBERLY BLVD., SUITE N N. LAUDERDALE FL 33068
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: CARNES, HELEN	1.1 TITLE: P/D	NAME: JONES, TEVIS
STREET ADDRESS: 161 LAKEVIEW DR 103	CITY-ST-ZIP: FT. LAUDERDALE FL 33326	1.3 STREET ADDRESS: 151 LAKEVIEW DR #205	CITY-ST-ZIP: FT. LAUDERDALE, FL
TITLE: VD	NAME: PESCATORE, CARMINE	2.1 TITLE: S/D	NAME: GRABOWSKI, GEORGE
STREET ADDRESS: 151 LAKEVIEW DRIVE #105	CITY-ST-ZIP: FT. LAUDERDALE FL 33326	2.3 STREET ADDRESS: 155 LAKEVIEW DR #201	CITY-ST-ZIP: FT. LAUDERDALE, FL
TITLE: D	NAME: BRYSON, HERBERT	3.1 TITLE:	NAME:
STREET ADDRESS: 151 LAKEVIEW DR, 103	CITY-ST-ZIP: FT. LAUDERDALE FL	3.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: SD	NAME: NADLER, DEBRA	4.1 TITLE: V/D	NAME:
STREET ADDRESS: 159 LAKEVIEW DRIVE #203	CITY-ST-ZIP: FT. LAUDERDALE FL 33326	4.2 NAME:	4.3 STREET ADDRESS:
TITLE: PD	NAME: BAIRD, DAVID	5.1 TITLE:	NAME:
STREET ADDRESS: 161 LAKEVIEW DR 102	CITY-ST-ZIP: FT. LAUDERDALE FL 33326	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (X) [Signature] 2/16/96 954-973-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)