

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 33068-2820 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/22/1982 | 3a. Date of Last Report 02/27/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2323038 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee |
|---|------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | CARNES, HELEN | |
| STREET ADDRESS | 161 LAKEVIEW DR 103 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GRABOWSKI, GEORGE | |
| STREET ADDRESS | 155 LAKEVIEW DRIVE, #201 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BRYSON, HERBERT | |
| STREET ADDRESS | 151 LAKEVIEW DR, 103 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | NADLER, DEBRA | |
| STREET ADDRESS | 159 LAKEVIEW DRIVE #203 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | JONES, TEVIS | |
| STREET ADDRESS | 151 LAKEVIEW DRIVE, #205 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BOYER, MARCIA | |
| 1.3 STREET ADDRESS | 151 LAKEVIEW DR 206 | |
| 1.4 CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | |
| 2.1 TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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: Tevis Jones 3/27/97 954-384-7569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025723

CR2E037 (9/96)