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06-01-1999 90023 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766265

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/22/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2323038

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERKHEIMER, JERRY D
% NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD., SUITE N
N. LAUDERDALE FL 33068

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 VD DELETE
NAME BRICENO, ANA
STREET ADDRESS 153 LAKEVIEW DR #203
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD DELETE
NAME GRABOWSKI, GEORGE
STREET ADDRESS 155 LAKEVIEW DRIVE, #201
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE P/D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME BRYSON, HERBERT
STREET ADDRESS 151 LAKEVIEW DR, 103
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE T/D Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BUILES, MARIA
STREET ADDRESS 153 LAKEVIEW DRE #102
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD DELETE
NAME JONES, TEVIS
STREET ADDRESS 151 LAKEVIEW DRIVE, #205
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE V/D Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99

384-1763

Date Daytime Phone #

CR2E037 (1/198)