

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# 766265

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

Current Principal Place of Business:

New Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321

Current Mailing Address:

New Mailing Address:

C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321

FEI Number: 59-2323038 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONSOLIDATED COMMUNITY MANAGEMENT, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTIAGO, MARITZA
Address: 153 LAKEVIEW DR #201
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: COOPER, WENDI S
Address: 151 LAKEVIEW DR #204
City-St-Zip: WESTON, FL 33326

Title: TD (X) Change () Addition
Name: COOPER, WENDI S
Address: 151 LAKEVIEW DR #204
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: OROZCO, EMILIO
Address: 153 LAKEVIEW DR #101
City-St-Zip: WESTON, FL 33326

Title: VPD (X) Change () Addition
Name: HARPER, JOHN
Address: 151 LAKEVIEW DR #105
City-St-Zip: WESTON, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CASTILLO, RAUL
Address: 159 LAKEVIEW DR #202
City-St-Zip: WESTON, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FELDMAN, ANDREW
Address: 155 LAKEVIEW DR #204
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA SANTIAGO

PD

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date