

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State



DOCUMENT # 766265
1. Entity Name
**RACQUET CLUB VILLAGE APARTMENTS AT
BONAVENTURE 1EAST CONDOMINIUM ASSOCIATION,**

Principal Place of Business C/O CONSOLIDATED COMMUNITY MANAGEMENT 10034 W. MCNAB ROAD TAMARAC FL 33321	Mailing Address C/O CONSOLIDATED COMMUNITY MANAGEMENT 10034 W. MCNAB ROAD TAMARAC FL 33321
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-2323038
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**CONSOLIDATED COMMUNITY MANAGEMENT, INC.
10034 W. MCNAB ROAD
TAMARAC FL 33321**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete NAME: SANTIAGO, MARITZA STREET ADDRESS: 153 LAKEVIEW DR #201 CITY-ST-ZIP: WESTON FL 33326
TITLE	TD <input type="checkbox"/> Delete NAME: COOPER, WENDI S STREET ADDRESS: 151 LAKEVIEW DR #204 CITY-ST-ZIP: WESTON FL 33326
TITLE	VPD <input type="checkbox"/> Delete NAME: HARPER, JOHN STREET ADDRESS: 151 LAKEVIEW DR #105 CITY-ST-ZIP: WESTON FL 33326
TITLE	D <input type="checkbox"/> Delete NAME: CASTILLO, RAUL STREET ADDRESS: 159 LAKEVIEW DR #202 CITY-ST-ZIP: WESTON FL 33326
TITLE	D <input type="checkbox"/> Delete NAME: FELDMAN, ANDREW STREET ADDRESS: 155 LAKEVIEW DR #204 CITY-ST-ZIP: WESTON FL 33326
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000478274
04/07/06-00024-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____