


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90024 004 \*\*\*\*61.25

**DOCUMENT # 766265**

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



Principal Place of Business  
**C/O CONSOLIDATED COMMUNITY MGMT, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321**

Mailing Address  
**C/O CONSOLIDATED COMMUNITY MGMT, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321**

**40052273**



01032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
**59-2323038**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**EISINGER, DENNIS J ESQ  
 4000 HOLLYWOOD BLVD SUITE 265-S  
 HOLLYWOOD, FL 33021**

**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)

**Filing Fee is \$61.25 Due by May 1, 2008**

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 checked="" type="checkbox"/> Delete
NAME	<del>SANTIAGO, MARITZA</del>	
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	<del>VPD</del> <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	HARPER, JOHN W.	
STREET ADDRESS	151 LAKEVIEW DR #105	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVER, Bixby	
STREET ADDRESS	151 LAKEVIEW DR. #103	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>VPD</del> <b>PRESIDENT</b>	
STREET ADDRESS	<del>151 LAKEVIEW DR #105</del> <b>HARPER JOHN W. HARPER</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: John W. Harper Date: 2/21/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR