

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766266** (1)

1. Corporation Name:
**RACQUET CLUB VILLAGE APARTMENTS AT BONAVENTURE 1
WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
187 LAKEVIEW DR., #102 P.O. BOX 1183 FT. LAUDERDALE FL 33302 US	187 LAKEVIEW DR., STE. 102 P. O. BOX 1183 FT. LAUDERDALE FL 33326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1982	3a. Date of Last Report 06/16/1994
4. FEI Number 59-2383878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
24 Zip	25 County
29 Zip	30 County

9. Name and Address of Current Registered Agent

**DRUJAK, ARTHUR M.
3890 W. COMMERCIAL BLVD.
SUITE 217
FT. LAUDERDALE FL 33309**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE **4-24-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARRETO, NANCY
STREET ADDRESS	183 LAKEVIEW DR., STE. 206
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	HYLAN, VIRGINIA
STREET ADDRESS	191 LAKEVIEW DR., STE. 106
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	MOLL, FRED
STREET ADDRESS	230 NW 195TH AVE.
CITY ST ZIP	PEMBROKE PINES FL
TITLE	SD
NAME	RICE, PHYLLIS
STREET ADDRESS	189 LAKEVIEW DR., STE. 202
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	Sullivan, John
STREET ADDRESS	183 Lakeview Dr 104
CITY ST ZIP	Ft. Lauderdale, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ DATE **305-384-4012**