


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 08 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766266 (1)

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



Principal Place of Business 187 LAKEVIEW DR., #102 P.O. BOX 1183 FT. LAUDERDALE FL 33302 US	Mailing Address 187 LAKEVIEW DR., STE. 102 P. O. BOX 1183 FT. LAUDERDALE FL 33326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11530 SR 84 Suite, Apt. #, etc.	2a. Mailing Address 26 11530 SR 84 Suite, Apt. #, etc.
22 City & State 23 DAVIE FL	27 City & State 28 DAVIE FL
24 Zip 33325 Country USA	29 Zip 33325 Country USA

3. Date Incorporated or Qualified 12/22/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2383878	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~BRUJAK, ARTHUR M.~~
 3000 W. COMMERCIAL BLVD.
 SUITE 217
 FT. LAUDERDALE FL 33309

MATTHEW P. ADAMS, AGENT

10. Name and Address of New Registered Agent

81 Name
WEST BROWARD PROPERTY MANAGEMENT

82 Street Address (P.O. Box Number is Not Acceptable)
11530 SR 84

83 **ATTENTION: MATT ADAMS**

84 City **DAVIE** FL 85 Zip Code **33325**

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 *Matthew P. Adams* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HATCHER, HAL	1.2 NAME	
STREET ADDRESS	185 LAKEVIEW DRIVE, 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD HYLAN, VIRGINIA	2.2 NAME	VICE VD SHAW, BRENDAN
STREET ADDRESS	191 LAKEVIEW DR., STE. 106	2.3 STREET ADDRESS	191 LAKEVIEW DRIVE 102
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33326
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD SHAW, BRENDAN	3.2 NAME	TREASURER TD DWIGHT WEDDINGTON
STREET ADDRESS	191 LAKEVIEW DR., 102	3.3 STREET ADDRESS	191 LAKEVIEW DRIVE 205
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD CHAPMAN, DONNA	4.2 NAME	SECRETARY SD DONNA CHAPMAN WEDDINGTON
STREET ADDRESS	191 LAKEVIEW DR., 205	4.3 STREET ADDRESS	191 LAKEVIEW DR 205
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33326
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Matthew P. Adams*

CR2E037 (4/97)