

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northant 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 11530 SR 84 DAVIE FL 33325 US	Mailing Address 11530 SR 84 DAVIE FL 33325 US
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3. Date Incorporated or Qualified
12/22/1982

4. FEI Number 59-2383878	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**W BROWARD PROPERTY MANAGEMENT
11530 SR 84
ATTN: MATT ADAMS
DAVIE FL 33325**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HATCHER, HAL	
STREET ADDRESS	185 LAKEVIEW DRIVE, 204	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRENDAN, SHAW	
STREET ADDRESS	191 LAKEVIEW DR 102	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEDDINGTON, DWIGHT	
STREET ADDRESS	191 LAKEVIEW DR 205	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEDDINGTON, DONNA C	
STREET ADDRESS	191 LAKEVIEW DR., 205	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEDDINGTON, DWIGHT	
3.3 STREET ADDRESS	191 LAKEVIEW DRIVE #205	
3.4 CITY-ST-ZIP	WESTON, FL 33326	
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WEDDINGTON, DONNA, C	
4.3 STREET ADDRESS	191 LAKEVIEW DR #205	
4.4 CITY-ST-ZIP	WESTON, FL 33326	
5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AZUATE, JOEL	
5.3 STREET ADDRESS	163 LAKEVIEW DRIVE #101	
5.4 CITY-ST-ZIP	WESTON, FL 33326	
6.1 TITLE	WILLIAMS, BRAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	187 LAKEVIEW DR #204	
6.3 STREET ADDRESS	WESTON, FL 33326	
6.4 CITY-ST-ZIP		

14. I 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: *Sandra B. Northant* (WEDDINGTON) 1/19/98 854-630-9444/212

CR2E037 (10/97)