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0065327

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766266

1. Corporation Name

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

143728.90038.16



Principal Place of Business

11530 SR 84  
DAVIE FL 33325  
US

Mailing Address

11530 SR 84  
DAVIE FL 33325  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/22/1982

4. FEI Number

59-2383878

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME TD AZUAJE, JOEL  
STREET ADDRESS 163 LAKEVIEW DR, SUITE 101  
CITY-ST-ZIP WESTON FL 33326

TITLE  DELETE  
NAME VD BRENDAN, SHAW  
STREET ADDRESS 191 LAKEVIEW DR 102  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE  DELETE  
NAME SD WEDDINGTON, DWIGHT  
STREET ADDRESS 191 LAKEVIEW DR 205  
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE  DELETE  
NAME PD WEDDINGTON, DONNA C  
STREET ADDRESS 191 LAKEVIEW DR., 205  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE  DELETE  
NAME D WILLIAMS, BRAD  
STREET ADDRESS 187 LAKEVIEW DR, SUITE 204  
CITY-ST-ZIP WESTON FL 33326

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME D, S, T  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME A CARBO, JAIME  
6.3 STREET ADDRESS 191 LAKEVIEW DR #206  
6.4 CITY-ST-ZIP WESTON, FL 33326

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 954-630-9404 x212  
Date Daytime Phone #

CR2E037 (11/98)