

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90128 018 \*\*\*\*61.25

**DOCUMENT # 766266**

1. Entity Name

**RACQUET CLUB VILLAGE APARTMENTS AT BONAVENTURE 1**

Principal Place of Business

Mailing Address

11530 SR 84  
 DAVIE FL 33325  
 US

11530 SR 84  
 DAVIE FL 33325  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2383878**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**W BROWARD PROPERTY MANAGEMENT**  
 11530 SR 84  
 ATTN: MATT ADAMS  
 DAVIE FL 33325

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DST	<input type="checkbox"/> Delete
NAME	WEDDINGTON, DWIGHT	
STREET ADDRESS	191 LAKEVIEW DR 205	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEDDINGTON, DONNA C	
STREET ADDRESS	191 LAKEVIEW DR., 205	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARBO, JAIME	
STREET ADDRESS	191 LAKEVIEW DR #206	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hal Hatcher	
STREET ADDRESS	185 Lakeview Drive # 204	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Hicks	
STREET ADDRESS	187 Lakeview Drive # 102	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karina Puebla	
STREET ADDRESS	189 Lakeview Drive # 103	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Crawford	
STREET ADDRESS	189 Lakeview Drive # 202	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Weddington	
STREET ADDRESS	191 Lakeview Drive # 205	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Azuaje	
STREET ADDRESS	187 Lakeview Drive # 101	
CITY-ST-ZIP	Weston, FL 33326	

12. 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 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:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/2000

Daytime Phone #

954-630-9404

CR2E037 (9/99)