

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91620 039 ****61.25

DOCUMENT # 766266

1. Entity Name

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

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

1189 SAWGRASS CORP PKWY

3. Mailing Address

MIAMI MGMT, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1189 SAWGRASS CORP. PKWY

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

59-2383878

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

BAKALAR, BROOK & CHADWELL, P.A.
 150 SO. PINES ISLAND RD. #540
 FT. LAUDERDALE FL Zip Code 33324

9. 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 Michel Kehl ESO, BAKALAR, BROOK & CHADWELL, P.A. DATE 4-19-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HICKS, RICHARD 187 LAKEVIEW DRIVE #102 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOMKIN, NEIL 189 LAKEVIEW DRIVE #101 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHER, HAL 185 LAKEVIEW DR #204 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, JAMES 189 LAKEVIEW DR #202 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENOMEN, ANA 187 LAKEVIEW DRIVE #103 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D L'HOESTE, ISABEL 177 LAKEVIEW DRIVE #104 WESTON FL 33326	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK PASCARELLA 183 LAKEVIEW DR. #103 WESTON, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MILLIE MATOS 177 LAKEVIEW DR. #204 WESTON, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAROLD KOEBEL 171 LAKEVIEW DR. #104 WESTON, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKIE MAXWELL 191 LAKEVIEW DR. #101 WESTON, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURES REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/10/02

Date

Daytime Phone #

CP2E037 (9/01)