


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 045 ****61.25

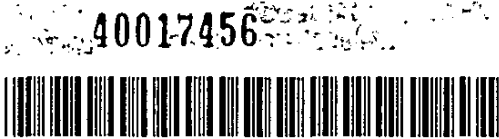
DOCUMENT # 766266

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



Principal Place of Business
**1189 SAWGRASS CORP. PKWY
 SUNRISE, FL 33323 US**

Mailing Address
**MIAMI MANAGEMENT, INC.
 1189 SAWGRASS CORP PKWY
 SUNRISE, FL 33323 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2383878

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BAKALAR, BROUGH & CHARON, PA
 150 S PINE ISLAND ROAD, #540
 FORT LAUDERDALE, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIETERSZ, EDWARD	
STREET ADDRESS	183 LAKEVIEW DRIVE #103	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAYOS, MILLIE	
STREET ADDRESS	177 LAKEVIEW DR #204	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEPALO, KATHRYN	
STREET ADDRESS	183 LAKEVIEW DR #104	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACNEILL, JACKIE	
STREET ADDRESS	191 LAKEVIEW DRIVE #101	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	^{PD}	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Pietersz	
STREET ADDRESS	1145 Sawgrass Corporate Parkway	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	^{VD}	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie MacNeill	
STREET ADDRESS	1145 Sawgrass Corporate Parkway	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	^{TD}	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn DePalo	
STREET ADDRESS	1145 Sawgrass Corporate Parkway	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	^D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Millie Matos	
STREET ADDRESS	1145 Sawgrass Corporate Parkway	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  as Pres. 2-9-05 954-846-7545

DATE: _____ DAYTIME PHONE: _____