


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90097 036 ****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
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DO NOT WRITE IN THIS SPACE

60037665



03282006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2383878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIETERSZ, EDWARD 183 LAKEVIEW DRIVE #103 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYOS, MILLIE 177 LAKEVIEW DR #204 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEPALO, KATHRYN 183 LAKEVIEW DR #104 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACNEILL, JACKIE 191 LAKEVIEW DRIVE #101 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____