

2006 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P96000023763 1. Entity Name RACQUET CLUB RESORTS, INC.	
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FILED
06 MAY 11 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3015 NORTH OCEAN BLVD., #121 FT. LAUDERDALE, FL 33308	Mailing Address 3015 NORTH OCEAN BLVD., #121 FT. LAUDERDALE, FL 33308
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[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

				
04272006	No Chg-P	CR2E034 (11/05)		
4. FEI Number 65-0657977	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Applied For</td> <td style="width: 50%;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
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

FOSTER, REBECCA A
3015 N OCEAN BLVD
#121
FT. LAUDERDALE, FL 33308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	VD OTTINO, J.P. III 3015 NORTH OCEAN BLVD., #121 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC J 3015 N OCEAN BLVD #121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100076202211
06/14/06--01036--004 **5495.00

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 607, 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: *[Handwritten Signature]* **Rebecca A Foster** 4/27/06 954-563-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #