

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738236 (9)

1. Corporation Name

BUILDING EIGHT OF RACQUET CLUB APARTMENTS AT BON
AVENTURE 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% D.C.I.

2901 SIMMS ST
HOLLYWOOD FL 33020

% D.C.I.

2901 SIMMS ST
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1977

3a. Date of Last Report

04/04/1994

4. FEI Number

59-1913634

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D.C.I.

2901 SIMMS ST

ATTN: ANDREW MAYROWITZ

HOLLYWOOD, FL. 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDDLE, ROBERT DR.
STREET ADDRESS	220 LAKEVIEW DR. #213
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	NEWMAN, DAVID
STREET ADDRESS	220 LAKEVIEW DRIVE #203
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	SOHNE, ROBERT
STREET ADDRESS	220 LAKEVIEW DR. #309
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SHARONI, ANN
STREET ADDRESS	220 LAKEVIEW DR. #313
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	SUSAN J. POLINSKI
5.3 STREET ADDRESS	220 LAKEVIEW DR.
5.4 CITY- ST- ZIP	FT. LAUDERDALE, FL. 33020
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert H. Huddle Pres.

2/8/95

305-389-0429

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