

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 12 PM 11:54

DOCUMENT # 747076 (8)

1. Corporation Name

RACQUET CLUB APARTMENTS AT BONAVENTURE 8 SOUTH C
ONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8498 STATE RD 84
DAVIE FL 33324
US

8498 STATE RD 84
DAVIE FL 33324
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1979

3a. Date of Last Report
02/10/1994

4. FEI Number
59-1920122

Applied For
Not Applicable

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

2. Principal Place of Business
21 8270 STATE ROAD 84
Suite, Apt. #, etc.

2a. Mailing Address
26 8270 STATE ROAD 84
Suite, Apt. #, etc.

23 City & State
DAVIE, FLORIDA

28 City & State
DAVIE, FLORIDA

24 Zip
33324

25 Country
BROWARD

29 Zip
33324

30 Country
BROWARD

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-3525

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REZNICEK, LOIS
STREET ADDRESS 359 LAKEVIEW DRIVE 102
CITY ST ZIP FT LAUDERDALE FL

TITLE T
NAME PAUL, MARILYN
STREET ADDRESS 331 LAKEVIEW DRIVE 103
CITY ST ZIP FT LAUDERDALE FL

TITLE SD
NAME BERMAN, DEANNA
STREET ADDRESS 369 LAKEVIEW DRIVE 103
CITY ST ZIP FT LAUDERDALE FL

TITLE D
NAME WEINSTEIN, MORRIS
STREET ADDRESS 331 LAKEVIEW DR, 101
CITY ST ZIP FT LAUDERDALE FL

TITLE D
NAME LEFCOURT, GEORGE
STREET ADDRESS 341 LAKEVIEW DR, 101
CITY ST ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME OPPENHEIMER, DONALD
13 STREET ADDRESS 341 LAKEVIEW DRIVE #102
14 CITY ST ZIP FORT LAUDERDALE, FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here