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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 747076

(8)

RACQUET CLUB APARTMENTS AT BONAVENTURE 8 SOUTH C ONDOMINIUM ASSOCIATION, INC.							
Principal Place	of Business	Mailing Address					
8270 STATE ROAD 84 DAVIE FL 33324 US		8270 STATE ROAD B4 DAVIE FL 33324 US					
					3. Date Incorporated or Qualified 05/07/1979	3a. Date of L 04/12	ast Report 2/1995
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# etc	Suita Apt # ata			59-1920122		Not Applicable
2		Suite, Apt. #, etc. 27	·		5. Certificate of Status Desired	1 1 '	.75 Additional ee Required
City & State	ə	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip T	Country	Zip	Countr	у	8. This corporation has liability for in		
	25	29	30			Yes 🗌 No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	_
			8	Name			
POLIAKOFF, GARY A. 3111 STIRLING RD.			6:	Street Add	dress (P.O. Box Number is Not Acceptable)		
			8:				
FI. LAU	DERDALE FL 33312-3525		6.	^			
			84	City		6 5	Zip Code
1. Pursuant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statuto	s the above	Damed cores	oration submits this statement for the purpo	FL °	
or register familiar wi	th, and accept the obligations of Secre		_		1/2 4		
GNATURE .	Signature, typed or printed name of registered agent	rd title il applicable. (NO)		F 17 ent signaturi requir	S SOUTH SOUTH AND COLORS	DATE DIDE	7 6 TODO IN 10
GNATURE .	Signature, typed or printed name of registered agent of OFFICERS AND	nd title if appreciation (NOT DIRPCTORS	E: Registered Age	ent signature requir	ed when reinstating) ADDITIONS CHANGES TO OFFICE		
GNATURE .	Signature, typed or printed name of registered agent in OFFICERS AND	rd title il applicable. (NO)	F: Registered Ag	ent signature requir	ed when reinstating) ADDITIONS CHANGES TO OFFICE P	DATE ERS AND DIRECT	
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SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date