

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747076** (8)

1. Corporation Name

**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 84  
DAVIE FL 33324-4641  
US**



2. Principal Place of Business		2a. Mailing Address	
21 <b>11530 ST RD 84</b>	26 <b>PO BOX 551390</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 <b>DAVIE, FL</b>		28 <b>DAVIE, FL</b>	
Zip	Country	Zip	Country
24 <b>33325</b>	25 <b>USA</b>	29 <b>33325</b>	30 <b>USA</b>

3. Date Incorporated or Qualified **05/07/1979** 3a. Date of Last Report **04/24/1996**

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**

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

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OPPENHEIMER, DONALD</b>	1.2 NAME	<b>WALTER, HERBERT</b>
STREET ADDRESS	<b>341 LAKEVIEW DRIVE #102</b>	1.3 STREET ADDRESS	<b>389 LAKEVIEW DRIVE #202</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	<b>FT LAUDERDALE, FL 33326</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL, MARILYN</b>	2.2 NAME	<b>STEIN, JOSEPH</b>
STREET ADDRESS	<b>331 LAKEVIEW DRIVE 103</b>	2.3 STREET ADDRESS	<b>349 LAKEVIEW DRIVE 102</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	<b>FT LAUDERDALE, FL 33326</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTGOMERY, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>331 LAKEVIEW DRIVE #41-104</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, MORRIS</b>	4.2 NAME	
STREET ADDRESS	<b>331 LAKEVIEW DR, 101</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL, MARILYN</b>	5.2 NAME	
STREET ADDRESS	<b>331 LAKEVIEW DRIVE 41-103</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, MORRIS</b>	6.2 NAME	<b>Joseph Stein</b>
STREET ADDRESS	<b>331 LAKEVIEW DRIVE 41-101</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone # 0037185

CR2E037 (9/96)