


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

3. Date Incorporated or Qualified

03/01/1977

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

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 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

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	<input type="checkbox"/> DELETE
NAME	HUDDLE, ROBERT DR.	
STREET ADDRESS	220 LAKEVIEW DR. #213	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	NEWMAN, DAVID	
STREET ADDRESS	220 LAKEVIEW DRIVE #203	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOHNE, ROBERT	
STREET ADDRESS	220 LAKEVIEW DR. #309	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NATICEMAN, ANGELA	
STREET ADDRESS	220 LAKEVIEW DRIVE SUITE 312	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMOLINSKI, SUSAN	
STREET ADDRESS	220 LAKEVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

REQUIRED

1-23 98

CR2E037 (10/97)