

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90127 002 ****61.25

0021948

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 738236

1. Corporation Name

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

Principal Place of Business
% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020

Mailing Address
% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1913634	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

D.C.I.
2901 SIMMS ST
ATTN: ANDREW MAYROWITZ
HOLLYWOOD, FL 33020

10. Name and Address of New Registered Agent

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HUDDLE, ROBERT DR. 220 LAKEVIEW DR. #213 FT. LAUDERDALE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD NEWMAN, DAVID 220 LAKEVIEW DRIVE #203 FT. LAUDERDALE FL	2.1 TITLE	STD NATTERMAN, ANGELA
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	220 LAKEVIEW DRIVE #312
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE	VP SOHNE, ROBERT 220 LAKEVIEW DR. #309 FT. LAUDERDALE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NATICEMAN, ANGELA 220 LAKEVIEW DRIVE SUITE 312 FORT LAUDERDALE FL	4.1 TITLE	D HUDDLE, ELLEN
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	220 LAKEVIEW DRIVE #213
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	D SMOLINSKI, SUSAN 220 LAKEVIEW DR. FT. LAUDERDALE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)