


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90041 046 ****61.25

DOCUMENT # 738236					
1. Entity Name BUILDING EIGHT OF RACQUET CLUB APARTMENTS AT BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O DCI 2035 HARDING STREET 200 HOLLYWOOD, FL 33020			Mailing Address C/O DCI 2035 HARDING STREET 200 HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1913634	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
D.C.I. ATTN:ANDREW MAYROWITZ 2035 HARDING STREET STE 200 HOLLYWOOD, FL 33020				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HUDDLE, ROBERT DR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 220 LAKEVIEW DR. #213	FORT LAUDERDALE, FL 33326		NAME	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33326		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE SD	NAME HUDDLE, ELLEN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 220 LAKEVIEW DRIVE #213	FT. LAUDERDALE, FL 33326		NAME	STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33326		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE VP	NAME SOHNE, ROBERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 220 LAKEVIEW DRIVE #203	WESTON, FL 33326		NAME	STREET ADDRESS	
CITY - ST - ZIP	WESTON, FL 33326		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE D	NAME ROSENBOROUGH, MARGIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 220 LAKEVIEW DRIVE #203	WESTON, FL 33326		NAME	STREET ADDRESS	
CITY - ST - ZIP	WESTON, FL 33326		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE TD	NAME SEIJO, GABRIELLA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 220 LAKEVIEW DRIVE #106	WESTON, FL 33326		NAME	STREET ADDRESS	
CITY - ST - ZIP	WESTON, FL 33326		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert H. Huddle</u> Robert Huddle Pres. 3/3/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					