


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90271 014 \*\*\*\*61.25

<b>DOCUMENT # 738252</b> 1. Entity Name <b>BUILDING SEVEN OF RACQUET CLUB APARTMENTS AT BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>11530 SR 84 DAVIE, FL 33325 US</b>			Mailing Address <b>P.O. BOX 551390 DAVIE, FL 33355</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1913632</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEST BROWARD COMMUNITY MGMT 11530 STATE ROAD 84 DAVIE, FL 33325</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OD MOREAU, ANITA 210 LAKEVIEW DRIVE #111 WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TONY LAROTTA President 210 LVD, #207, Weston, FL 33326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FILKOFF, FLORENCE 210 LAKEVIEW DRIVE #101 WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Beverly Horowitz SIT 210 LVD, #103, Weston, FL 33326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAHN, TRUDY 210 LAKEVIEW DRIVE #107 WESTON, FL 33326</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Luz Yameley France VP 210 LVD, #211, Weston, FL 33326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PLUNKETT, KARA 210 LAKEVIEW DR #305 WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Florence Filkoff 210 LVD, #101 Weston, FL 33326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEAL, DIANA 210 LAKEVIEW DR #308 WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		