

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90046 004 ****61.25

DOCUMENT # 738252

1. Entity Name
**BUILDING SEVEN OF RACQUET CLUB APARTMENTS AT
BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**11530 SR 84
DAVIE, FL 33325 US**

Mailing Address
**P.O. BOX 551390
DAVIE, FL 33355**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1913632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEST BROWARD COMMUNITY MGMT
11530 STATE ROAD 84
DAVIE, FL 33325**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAROTTA, TONY	
STREET ADDRESS	210 LUD #207	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOROWITZ, BEVERLY	
STREET ADDRESS	210 LUD #103	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KAHN, TRUDY	
STREET ADDRESS	210 LAKEVIEW DR 107	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franco, Yami	
STREET ADDRESS	210 Lakeview Dr. # 211	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leal, Diana	
STREET ADDRESS	210 Lakeview Dr # 308	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	STP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kahn, Trudy	
STREET ADDRESS	210 Lakeview Dr. # 107	
CITY-ST-ZIP	Fort Laud. FL 33326	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mazzarella, Adrianna	
STREET ADDRESS	210 Lakeview Dr # 210	
CITY-ST-ZIP	Weston FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40096347



4/17/07