

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90231 041 ****61.25

DOCUMENT # 738252

1. Entity Name

**BUILDING SEVEN OF RACQUET CLUB APARTMENTS AT BON
AVENTURE 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**ADAMS, MATTHEW P
C/O W. BROWARD PROP. MGT.
11530 SR 84
DAVIE FL 33325**

7. Name and Address of New Registered Agent

Name
WEST BROWARD COMMUNITY MGMT.
Street Address (P.O. Box Number is Not Acceptable)
11530 STATE ROAD 84
City **DAVIE** FL **33325**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **OD** ☐ Delete
NAME **MOREAU, ANITA**
STREET ADDRESS **210 LAKEVIEW DRIVE #111**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **SD** ☐ Change ☒ Addition
NAME **BISHOP WAYNE**
STREET ADDRESS **210 LAKEVIEW DR #306**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **TD** ☐ Delete
NAME **FILKOFF, FLORENCE**
STREET ADDRESS **210 LAKEVIEW DRIVE #101**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KAHN, TRUDY**
STREET ADDRESS **210 LAKEVIEW DRIVE #107**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **PD** ☐ Change ☒ Addition
NAME **PLUNKETT KARA**
STREET ADDRESS **210 LAKEVIEW DR #305**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **PD** ☒ Delete
NAME **ESCOBAR, DIANE**
STREET ADDRESS **210 LAKEVIEW DRIVE 207**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: **WAYNE BISHOP** 4/8/03 172-3820

CR2E037 (10/02)