

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766266

**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**0413704126CC**

**Entity Name:** RACQUET CLUB VILLAGE APARTMENTS AT BONAVENTURE  
1WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321 US

**FEI Number: 59-2383878**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKALAR & ASSOCIATES  
150 S PINE ISLAND ROAD, #540  
FORT LAUDERDALE, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GOMEZ, SARA  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER, SECRETARY  
Name            DEERING, MEGAN  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            D  
Name            PIETERSZ, EDWARD  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            MATOS, MILDRED  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SARA GOMEZ**

**PRES**

**01/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date