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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730191 (4)

1. Corporation Name

RACQUET CLUB ESTATES, INC



Principal Place of Business

Mailing Address

BOX 560423
MIAMI FL 33256-7423BOX 560423
MIAMI FL 33256-04233. Date Incorporated or Qualified
07/12/19743a. Date of Last Report
07/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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4. FEI Number
59-1885218Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNELL, JIM
8630 S.W. 94TH ST.
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PALMER, ALFRED
STREET ADDRESS 8520 SW 94TH ST
CITY-ST-ZIP MIAMI FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME STAHL, JACK
STREET ADDRESS 8610 S W 94TH ST
CITY-ST-ZIP MIAMI FL2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME CONNELL, JIM.
STREET ADDRESS 8630 S.W. 94TH ST.
CITY-ST-ZIP MIAMI, FL3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME BONNER, BARBARA
STREET ADDRESS 8530 SW 94TH ST
CITY-ST-ZIP MIAMI FL4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FRANK, MERLE
STREET ADDRESS 8636 S W 94TH ST
CITY-ST-ZIP MIAMI FL5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE TD ☐ Change ☒ Addition
6.2 NAME Abolila, Anthony
6.3 STREET ADDRESS 8540 SW 94 St
6.4 CITY-ST-ZIP Miami, FL 33156

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

271-0583

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