


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 BOX 560423 MIAMI FL 33256-7423	Mailing Address BOX 560423 MIAMI FL 33256-7423
--	--

3. Date Incorporated or Qualified
07/12/1974

4. FEI Number
59-1885218

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PALMER, ALFRED		1.2 NAME Abolila, Anthony	
STREET ADDRESS 8520 SW 94TH ST		1.3 STREET ADDRESS 8540 SW 94 St	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33156	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAHL, JACK		2.2 NAME Stahl, Jack	
STREET ADDRESS 8610 S W 94TH ST		2.3 STREET ADDRESS 8610 SW 94 St	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33156	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNEL, JIM.		3.2 NAME Connell, Jim	
STREET ADDRESS 8630 S.W. 94TH ST.		3.3 STREET ADDRESS 8630 SW 94 St	
CITY-ST-ZIP MIAMI, FL		3.4 CITY-ST-ZIP Miami, FL 33156	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BONNER, BARBARA		4.2 NAME Bonner, Barbara	
STREET ADDRESS 8530 SW 94TH ST		4.3 STREET ADDRESS 8530 SW 94 St	
CITY-ST-ZIP MIAMI FK		4.4 CITY-ST-ZIP Miami, FL 33156	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK, MERLE		5.2 NAME Frank, Merle	
STREET ADDRESS 8636 S W 94TH ST		5.3 STREET ADDRESS 8636 SW 94 St	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami, FL 33156	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME McKeon, Ellen	
STREET ADDRESS		6.3 STREET ADDRESS 8616 SW 94 St	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Miami, FL 33156	

14. 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 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: _____ **4/21/98 (305) 274-6643**

CFR2037 (10/97)