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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730191

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/12/1974

4. FEI Number
59-1885218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD
ABOLILA, ANTHONY
STREET ADDRESS 8540 SW 94TH ST
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME D
STAHL, JACK
STREET ADDRESS 8610 S W 94TH ST
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME VD
CONNEL, JIM.
STREET ADDRESS 8630 S.W. 94TH ST.
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ DELETE

NAME PD
BONNER, BARBARA
STREET ADDRESS 8530 SW 94TH ST
CITY-ST-ZIP MIAMI FK 33156

TITLE ☐ DELETE

NAME SD
FRANK, MERLE
STREET ADDRESS 8636 S W 94TH ST
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME D
MCKEON, ELLEN
STREET ADDRESS 8616 SW 94 ST
CITY-ST-ZIP MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 07/12/1974

1.3 STREET ADDRESS 59-1885218

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Anthony Abolila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-99

(365) 274-6643
Daytime Phone #

CR2E037 (11/98)