

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2004  
Secretary of State**

DOCUMENT# 730191

Entity Name: RACQUET CLUB ESTATES, INC

**Current Principal Place of Business:**

8630 S W 94 ST  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8630 S W 94 ST  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 59-1885218      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BONNER, BARBARA  
Address: 8530 S W 94 ST  
City-St-Zip: MIAMI, FL 33156

Title: S      ( ) Delete  
Name: RUBIN, VALERIE  
Address: 8530 S W 94 ST  
City-St-Zip: MIAMI, FL 33156

Title: S      ( ) Delete  
Name: TARJAN, SUSANNA  
Address: 8526 S W 94 ST  
City-St-Zip: MIAMI, FL 33156

Title: D      ( ) Delete  
Name: LAIDLAW, DELLA  
Address: 8546 S W 94 ST  
City-St-Zip: MIAMI, FL 33156

Title: D      ( ) Delete  
Name: RADUNS, BARBARA  
Address: 8516 SW 94 ST.  
City-St-Zip: MIAMI, FL 33156

Title: D      ( ) Delete  
Name: BLAND, GIOVANNI  
Address: 8646 SW 94TH ST  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA BONNER

PRES

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date