2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730191

Entity Name: RACQUET CLUB ESTATES, INC

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8630 S W 94 ST MIAMI, FL 33156						
Current Mailing Address:				New Mailing Address:		
8630 S W 94 ST MIAMI, FL 33156						
FEI Number:	59-1885218	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CONNELL, JIM 8630 S.W. 94TH ST. MIAMI, FL 33156 US				CONNELL, JAMES W 8630 S.W. 94TH ST. MIAMI, FL 33156 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: JAMES W CONNELL				01/04/2006		
	Electronic	Signature of Registered Agent	t			Date
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[BONNER, BARBA 8530 S W 94 ST MIAMI, FL 33156			Title: Name: Address: City-St-Zip:	P (X) BONNER, BARE 8530 S.W. 94TH MIAMI, FL 331	H ST
Title: Name: Address: City-St-Zip:	S () E RUBIN, VALERIE 8530 S W 94 ST MIAMI, FL 33156			Title: Name: Address: City-St-Zip:	D (X) RADUNS, BARE 8616 S.W. 94TI MIAMI, FL 331	H ST
Title: Name: Address: City-St-Zip:	S () [TARJAN, SUSAN 8526 S W 94 ST MIAMI, FL 33156			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () [LAIDLAW, DELL 8546 S W 94 ST MIAMI, FK 3315			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D (X) I RADUNS, BARBA 8516 SW 94 ST. MIAMI, FL 33156			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D (X) I BLAND, GIOVAN 8646 SW 94TH S MIAMI, FL 33150	ST		Title: Name: Address: City-St-Zip:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 P 01/04/2006