

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
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, JAMES W
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. 94TH ST
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: RADUNS, BARBARA
Address: 8616 S.W. 94TH 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: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: MC KEON, ELLEN
Address: 8616 S.W.94TH ST
City-St-Zip: MIAMI, FL 33156

Title: D () Change (X) Addition
Name: DEMETRIO, BRID
Address: 8620 S.W.94TH ST
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify 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

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date