


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90026 038 \*\*\*\*61.25

<b>DOCUMENT # 732131</b> 1. Entity Name <b>BUILDING ONE OF RACQUET CLUB APARTMENTS AT BONAVENTURE 6 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 4780 N. ST. RD. 7, SUITE E250 LAUDERDALE LAKES, FL 33319 US			Mailing Address 4780 N. ST. RD. 7, SUITE E250 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1804269</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHOENIX MANAGEMENT SVCS 4780 N STATE ROAD STE 250 LAUDERDALE LAKES, FL 33319				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, NANCY			NAME	
STREET ADDRESS	140 LAKEVIEW DR #104			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP	
TITLE	VP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, RICHARD			NAME	
STREET ADDRESS	140 LAKEVIEW DR #104			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP	
TITLE	TD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, MICHAEL			NAME	
STREET ADDRESS	140 LAKEVIEW DR #301			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBA, MARCIA			NAME	
STREET ADDRESS	2900 NW 99TH TERR			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Michael S. Harmon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	