

CORPORATION
ANNUAL REPORT
1997



Sandra P. Wortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 132131

1. Corporation Name
BUILDING FOUR OF RACQUET CLUB APARTMENTS
AT BONAVENTURE 7 CONDOMINIUM ASSOCIATION, INC.

96 AUG 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-98
3/13/75

Principal Place of Business C/O WEST BROWARD PROPERTY MANAGEMENT 11530 STATE ROAD 84 DAVIE, FL 33325		Mailing Address C/O WEST BROWARD PROPERTY MANAGEMENT 11530 STATE ROAD 84 DAVIE, FL 33325		4. FEI Number 59-1804327		Applied For Not Applicable	
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
21	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
22	27	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
23	28	8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
24	29	81 Name SALVATORE FIORE, PROPERTY MANAGER		82 Street Address (P.O. Box Number is Not Acceptable)			
25	30	83 11530 STATE ROAD 84		84 City DAVIE		FL 85 Zip Code 33325	

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]* DATE: 8/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERB HYMAN	1.2 NAME	
STREET ADDRESS	301 RACQUET CLUB ROAD #206	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	1.4 CITY-ST-ZIP	
TITLE	S, D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN BONOMO	2.2 NAME	
STREET ADDRESS	301 RACQUET CLUB ROAD # 211	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	2.4 CITY-ST-ZIP	
TITLE	T, D - JOSEPH CURIONE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T, D - JOSEPH CURIONE	3.2 NAME	
STREET ADDRESS	301 RACQUET CLUB ROAD # 111	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	3.4 CITY-ST-ZIP	
TITLE	D - MELVIN BERKOWITZ <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D - MELVIN BERKOWITZ	4.2 NAME	
STREET ADDRESS	301 RACQUET CLUB ROAD # 103	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	4.4 CITY-ST-ZIP	
TITLE	D - MARY TASSINARI <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D - MARY TASSINARI	5.2 NAME	
STREET ADDRESS	301 RACQUET CLUB ROAD # 202	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE: 8/13/98 DAYTIME PHONE #: 954 472 3820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HERBERT HYMAN (PRESIDENT)

CR2E037 (9/96)