

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 732135 (9)**  
1. Corporation Name  
**BUILDING FIVE OF RACQUET CLUB APARTMENTS AT BONA VENTURE 7 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **303 RACQUET CLUB ROAD FT LAUDERDALE FL 33326**  
Mailing Address: **303 RACQUET CLUB ROAD FT LAUDERDALE FL 33326**

3. Date Incorporated or Qualified: **03/13/1975**  
3a. Date of Last Report: **05/30/1995**  
4. FEI Number: **59-1804258**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**SCHIFF, MYRTLE  
303 RACQUET CLUB ROAD #208  
FORT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMSON, JOSEPH</b>	
STREET ADDRESS	<b>303 RACQUET CLUB RD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHIFF, MYRTLE</b>	
STREET ADDRESS	<b>303 RACQUET CLUB RD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARINARO, ANTHONY</b>	
STREET ADDRESS	<b>303 RACQUET CLUB RD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUHN, DONALD W.</b>	
STREET ADDRESS	<b>303 RACQUET CLUB RD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, SONDR</b>	
STREET ADDRESS	<b>303 RACQUET CLUB RD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GIL, ROBERT</b>	
STREET ADDRESS	<b>303 RACQUET CLUB RD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KRAMER, HELENE</b>	
1.3 STREET ADDRESS	<b>303 RACQUET CLUB RD.</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Joseph Samson - Pres.** **JOSEPH SAMSON - Pres.** Date: **3/12/96** Daytime Phone #: **954-384-7476**

CR2E037 (12/95)