

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 732135
 1. Entity Name Building Five of Racquet Club
 Apartments at Bonaventure, Unit 7
 Condominium Association, Inc.

FILED

02 SEP -9 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11530 STATE ROAD 84 Suite, Apt. #, etc.
 3. Mailing Address P.O. Box 551390 Suite, Apt. #, etc.

9802 Reinstatement
 DO NOT WRITE IN THIS SPACE

City & State DAVIE, FL City & State DAVIE, FL

4. FEI Number 59-2330121 Applied For Not Applicable

Zip 33325 Country USA BROWARD Zip 33355 Country USA BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name WEST BROWARD COMMUNITY MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable) 11530 STATE ROAD 84
 City DAVIE FL 33321

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.

SIGNATURE [Signature] SALVADOR FLORES, PRES. 4-5-02
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD SONDRA THOMPSON 303 RACQUET CLUB RD. #309 WESTON FL 33326</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD HELENE KRAMER 303 RACQUET CLUB RD # 206 WESTON FL 33326</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD LILLIAN GREENBERG 303 RACQUET CLUB RD # 201 WESTON FL 33326</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u>
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12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sondra Thompson SONDRA THOMPSON 09/2/02 954 472-3820

CR2E037B (12/01)