## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#736776** 

Apr 27, 2011 Secretary of State

Entity Name: BUILDING SIX OF RACQUET CLUB APARTMENTS AT BONAVENTURE 5 CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7

ABC BEST MANAGEMENT, INC.
18459 PINES BLVD, STE 336

PLANTATION, FL 33317 US PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

WEST BROWARD COMMUNITY MANAGEMENT

820 SOUTH STATE ROAD 7

PLANTATION, FL 33317

STATE ROAD 7

PEMBROKE PINES, FL 33029

US

FEI Number: 59-1914538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIORE, SALVATORE
WEST BROWARD COMMUNITY MANAGEMENT
ABC BEST MANAGEMENT, INC
18459 PINES BLVD

WEST BROWARD COMMUNITY MANAGEMENT 18459 PINES BLVD 820 SOUTH STATE ROAD 7 336

PLANTATION, FL 33317 US PEMBROKE PINES, FL 33029 US

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: PETER XIDIS 04/27/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

 Name:
 WOODBURN, JOHN

 Address:
 200 LAKEVIEW DR., #307

 City-St-Zip:
 WESTON, FL 33326

Title: S

Name: GOLDBERG, ROSALIND Address: 200 LAKE VIEW DR 112 City-St-Zip: WESTON, FL 33326

Title: VP

Name: SHERMAN, DONALD
Address: 200 LAKEVIEW DR, STE 312

City-St-Zip: WESTON, FL 33326

Title: T

Name: TACHER, CHARLENE
Address: 200 LAKEVIEW DR #302
City-St-Zip: WESTON, FL 33326

Title: D

 Name:
 VALENCIA, ANDRES

 Address:
 200 LAKEVIEW DR #306

 City-St-Zip:
 WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: JOHN WOODBURN P 04/27/2011