

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738236 (9)

1. Corporation Name

BUILDING EIGHT OF RACQUET CLUB APARTMENTS AT BON
ADVENTURE 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020

% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020



3. Date Incorporated or Qualified

03/01/1977

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D.C.I.
2901 SIMMS ST
ATTN: ANDREW MAYROWITZ
HOLLYWOOD, FL. 33020

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HUDDLE, ROBERT DR.
STREET ADDRESS 220 LAKEVIEW DR. #213
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME NEWMAN, DAVID
STREET ADDRESS 220 LAKEVIEW DRIVE #203
CITY-ST-ZIP FT. LAUDERDALE FL

1.2 NAME ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME SOHNE, ROBERT
STREET ADDRESS 220 LAKEVIEW DR. #309
CITY-ST-ZIP FT. LAUDERDALE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME SHARON, ANN
STREET ADDRESS 220 LAKEVIEW DR. #313
CITY-ST-ZIP FT. LAUDERDALE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SMOLINSKI, SUSAN
STREET ADDRESS 220 LAKEVIEW DR.
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DIRECTOR
ANGELA NATTEMAN
220 LAKEVIEW DRIVE #312
FT. LAUDERDALE FL 33326

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 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:

Robert H. Huddle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)