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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 738236

1. Corporation Name
BUILDING EIGHT OF RACQUET CLUB APARTMENTS AT BON
AVENTURE 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020
Mailing Address
% D.C.I.
2901 SIMMS ST
HOLLYWOOD FL 33020



2. Principal Place of Business
2a. Mailing Address
3. Date Incorporated or Qualified
03/01/1977
4. FEI Number
59-1913634
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

9. Name and Address of Current Registered Agent
D.C.I.
2901 SIMMS ST
ATTN: ANDREW MAYROWITZ
HOLLYWOOD, FL. 33020
10. Name and Address of New Registered Agent
81 Name
82 Street Address
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 reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like HUDDLE, ROBERT DR., NEWMAN, DAVID, SOHNE, ROBERT, NATICEMAN, ANGELA, SMOLINSKI, SUSAN and HUDDLE, ELLEN.

14. 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 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, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/22/99 Daytime Phone #

CR2E037 (11/98)