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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/01/1977

4. FEI Number

59-1913634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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 (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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

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

TITLE D
NAME NATICEMAN, ANGELA
STREET ADDRESS 220 LAKEVIEW DRIVE SUITE 312
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE STD
2.2 NAME NATTERMAN, ANGELA
2.3 STREET ADDRESS 220 LAKEVIEW DRIVE #312
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33326

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME HUDDLE, ELLEN
4.3 STREET ADDRESS 220 LAKEVIEW DRIVE #213
4.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33326

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)