## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # 738392  1. Entity Name BUILDING NINE OF RACQUET CLUB APARTMENTS AT BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.							04-06-20		-			
C/O D.C.I. 2035 HARDI HOLLYWOOD	ce of Business NG STREET, #200 D, FL 33020	Mailing Address C/O D.C.I. 2035 HARDING STREET, HOLLYWOOD, FL 33020	C/O D.C.I. 2035 Harding Street, #200 Hollywood, FL: 33020									
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address			.	وزيزز فغافا نظياا	<b>13111 1111 811</b>	) <b>110</b> ); (110))	919)) 11 <u>0)</u> )		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01132005	Chg-NP	c	CR2E037	(10/03)		
City & State		City & State	City & State			4. FEI Numbe 59-191					oplied For ot Applicable	
Zip	Country	Žip	Count			5. Certificate of Status Desired S8.75 Additional Fee Required						
	5. Name and Address of Current R	egistered Agent				7. Name and	Address of	New Regi	stered Ag	ent		
DELT CONTENT CONCULTANTO INC.					Name							
DEVELOPMENT CONSULTANTS INC  2035 HARDING STREET, STE 200  ATTAN: ANDREW MEYROWITZ					idress (P	ess (P.O. Box Number is Not Acceptable)						
	OOD, FL 33020											
			1	City	•				FL	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Filing Fee is \$61.25 Due by May 1, 2005	Trust Fund Co	Trust Fund Contribution.			\$5.00 May Bo Added to Fees		Florida		payable to nent of Si		
10.	OFFICERS AND DIRE		11,	—	Al	ODITIONS/CHA	NGES TO O	FFICERS A				
NAME STREET ADDRESS CITY-ST-ZIP	VPS HALLER, LONIU 230 LAKEVIEW DRFIVE #303 FT LAUDERDALE, FL 33326	<b>₩</b> Delete	TITLE NAME STREET CITY-S	T ADDRESS					į	) Change	☐ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHILMAN, HERMAN 230 LAKEVIEW DR #101 WESTON, FL 33332	Delete	TITLE NAME STREET CITY-S	F ADDRESS	···				[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBRILL, MARC 848 FALLING WATER RD. FT LAUDERDALE, FL 33326	☐ Delete		ADDRESS	848	BRILL M. FALLING	G WATER	ROAI	)	P Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLATTER, MAUREEN 230 LAKEVIEW DR, #102 FORT LAUDERDALE, FL 33326	☐ Delete	TITLE NAME STREET CITY-S	ADORESS IT-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUEZ, FERNANDO 230 LAKEVIEW DR, #109 WESTON, FL 33326	☐ Delete	TITLE NAME STREET CITY-ST	ADDDEDE		UEZ, FER LAKEVIEV ON, FL		, #10		P Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delate	CITY-ST	ADDRESS 1-ZIP	SD REYE: 230 WEST	S, ANTON LAKEVIEN ON, FL	110 1 DRIVE 33326	, #10	)1	Change	Addition	
12. I hereby o	ertily that the information supplied with the	ns ming does not quality for th	ie exemi	ption state	o in Sect	ion 119.07(3)(i)	, Florida Stat	utes. I lurt	her certify	that the in	lormation	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFISED OR DIRECTOR

18/05 254/96 Date Daytore P