

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90154 007 ****61.25

DOCUMENT # 738392

1. Entity Name
**BUILDING NINE OF RACQUET CLUB APARTMENTS AT
BONAVENTURE 5 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
C/O D.C.I.
2035 HARDING STREET, #200
HOLLYWOOD, FL 33020

Mailing Address
C/O D.C.I.
2035 HARDING STREET, #200
HOLLYWOOD, FL 33020

20030134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1913635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANTS INC
2035 HARDING STREET, STE 200
ATTN: ANDREW MEYROWITZ
HOLLYWOOD, FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GAMBRILL, MARC ☒ Delete
STREET ADDRESS 848 FALLING WATER RD.
CITY-ST-ZIP FT LAUDERDALE, FL 33326

TITLE President ☒ Change ☒ Addition
NAME Robarge, Thomas
STREET ADDRESS 230 Lakeview Drive, #208
CITY-ST-ZIP Ft. Lauderdale, FL 33326

TITLE TD ☒ Delete
NAME SLATTER, MAUREEN
STREET ADDRESS 230 LAKEVIEW DR, #102
CITY-ST-ZIP FORT LAUDERDALE, FL 33326

TITLE Treasurer ☒ Change ☒ Addition
NAME Mattson, Kathleen
STREET ADDRESS 230 Lakeview Drive, #307
CITY-ST-ZIP Ft. Lauderdale, FL 33326

TITLE VPD ☐ Delete
NAME MARQUEZ, FERNANDO
STREET ADDRESS 230 LAKEVIEW DR, #109
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME REYES, ANTONIO
STREET ADDRESS 230 LAKEVIEW DRIVE, #101
CITY-ST-ZIP WESTON, FL 33326

TITLE Secretary ☒ Change ☒ Addition
NAME Arce, Julio
STREET ADDRESS 230 Lakeview Drive, # 104
CITY-ST-ZIP Ft. Lauderdale, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☒ Change ☒ Addition
NAME Slattery, Maureen
STREET ADDRESS 230 Lakeview Drive, # 102
CITY-ST-ZIP Ft. Lauderdale, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* 2/24/06 954.140.1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #