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Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90044 025 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 738392

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

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

01092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ASSOCIATION SERVICES OF FLA.	ASSOCIATION SERVICES OF FLA.
Suite, Apt. #, etc.: 10112 USA TODAY WAY	Suite, Apt. #, etc.: 10112 USA TODAY WAY
City & State: MIRAMAR, FLORIDA	City & State: MIRAMAR, FLORIDA
Zip: 33025 Country: USA	Zip: 33025 Country: USA

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

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

7. Name and Address of New Registered Agent

Name: BARBARA HERNDON, PRESIDENT
Street Address (P.O. Box Number is Not Acceptable): ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City: MIRAMAR FL Zip Code: 33025

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: Barbara Herndon 2/15/08
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRUZ-PENA, GUILLERMO 230LAKEVIEW DR., 110 FORT LAUDERDALE, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-T MATTSON, KATHLEEN 230 LAKEVIEW DR #307 WESTON FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATTSON, KATHLEEN 230 LAKEVIEW DR #307 FORT LAUDERDALE, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATNOWSKI, JULIE 230 LAKEVIEW DR., 302 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARCE, JULIO 230 LAKEVIEW DR #104 FORT LAUDERDALE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SLATTERY, MAUREEN 230 LAKEVIEW DR #102 FORT LAUDERDALE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	/	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Maureen A. Slattery 2-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #