2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State
08-10-2007 90047 013 ****61.25

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DOCUMENT # 741336

1. Entity Name
RACQUET CLUB APARTMENTS AT BONAVENTURE 2 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ALLIANCE P. O. BOX 452199 SUNRISE, FL 33345 US	% ALLIANCE P. O. BOX 452199 SUNRISE, FL 33345 US

07282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2360 W Oakland Park Blvd	
Suite, Apt. #, etc 301	Suite, Apt. # etc
City & State Sunrise, FL	City & State
Zip 33351	Country Broward
Zip	Country

4. FEI Number
59-1913100
☐ 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
BECKER & POLIAKOFF, P.A. % GARY A. POLIAKOFF, J.D. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312	Name Street Address (P.O. Box Number s 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

Filing Fee is $61.25
Due by September 14, 2007

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	P LAIRD, MONA LISA 7300 W MCNAB ROAD, #219 TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOISELLE, DAVID 7300 W MCNAB ROAD, #219 TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Loiselle, David 158 Lakeview Dr #203 Weston, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, JOHN 7300 W MCNAB ROAD, #219 TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Wilson, John 164 Lakeview Dr #104 Weston, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUENAS, AURA 7300 W MCNAB ROAD, #219 TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Rodriguez ~~Duenas~~ Aura 178 Lakeview Dr #202 Weston, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRKPATRICK, LUCIA 7300 W MCNAB ROAD, #219 TAMARAC, FL 33321	☒ 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 empowerments.

SIGNATURE: X _____ 954-572-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #