2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 741336

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

Current Principal Place of Business:

8360 W. OAKLAND PARKLAND BLVD
SUITE 301
SUNRISE, FL 33351 US

New Principal Place of Business:

1133 S. UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33318 US

Current Mailing Address:

% ALLIANCE
P. O. BOX 452199
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 59-1913100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
% GARY A. POLIAKOFF, J.D.
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOISELLE, DAVID
Address: 158 LAKEVIEW DR #203
City-St-Zip: WESTON, FL 33326

Title: DS ( ) Delete
Name: WILSON, JOHN
Address: 164 LAKEVIEW DR #104
City-St-Zip: WESTON, FL 33326

Title: DIR ( ) Delete
Name: ZOLA, AURORA
Address: 150 LAKEVIEW DRIVE #206
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete
Name: LEVE, HOMER
Address: 150 LAKEVIEW DRIVE #103
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILSON, JOHN
Address: 164 LAKEVIEW DR #104
City-St-Zip: WESTON, FL 33326

Title: DS (X) Change ( ) Addition
Name: ZOLA, AURORA
Address: 150 LAKEVIEW DRIVE #206
City-St-Zip: WESTON, FL 33326

Title: VPT (X) Change ( ) Addition
Name: LEVE, HOMER
Address: 150 LAKEVIEW DRIVE #103
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LOISELLE PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date