## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#741336** 

FILED Apr 20, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1133 S. UNIVERSITY DRIVE 10081 PINES BLVD

SUITE 210 E-1

PLANTATION, FL 33318 US PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

% ALLIANCE 10081 PINES BLVD

P. O. BOX 452199 E-1

SUNRISE, FL 33345 US PEMBROKE PINES, FL 33024 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A. ELITE MANAGEMENT ASSOCIATES INC.

% GARY A. POLIAKOFF, J.D. 10081 PINES BLVD.

3111 STIRLING ROAD SUITE # E-1

FT. LAUDERDALE, FL 33312 US PEMBROKE PINES, FL 33024 US

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: GLORIA DONNELLI 04/20/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DP

 Name:
 LOISELLE, DAVID

 Address:
 10081 PINES BLVD. # E-1

 City-St-Zip:
 PEMBROKE PINES, FL 33024 US

Title: D

Name: WILSON, JOHN

Address: 10081 PINES BLVD. SUITE # E-1 City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: DS

 Name:
 ZOLA, AURORA

 Address:
 10081 PINES BLVD. # E-1

 City-St-Zip:
 PEMBROKE PINES, FL 33024 US

Title: VPT

Name: LEVE, HOMER

Address: 10081 PINES BLVD. # E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D

 Name:
 NEWMAN, GERALD

 Address:
 10081 PINES BLVD. # E-1

 City-St-Zip:
 PEMBROKE PINES, FL 33024 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID LOISELLE PRES 04/20/2010