FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:10

DOCUMENT # 744530 (7)

1. Corporation Name
RACQUET CLUB AT BONAVENTURE 4 NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O NORDE MANAGEMENT CORPORATION 6047 KIMBERLY BLVD. SUITE N N. LAUDERDALE FL 33068	C/O NORDE MANAGEMENT CORPORATION 6047 KIMBERLY BLVD. SUITE N N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1978
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-1913088 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BERKHEIMER, JERRY D
6047 KIMBERLY BLVD., SUITE N
N. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE*	P	11 TITLE	☐ Change ☐ Addition
NAME	TESTA, SUSAN	12 NAME	
STREET ADDRESS	195 LAKEVIEW DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KOVAC, JOE	22 NAME	
STREET ADDRESS	195 LAKEVIEW DR	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	VEGA, CARMEN	32 NAME	
STREET ADDRESS	193 LAKEVIEW DRIVE	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY-ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☒ Addition
NAME	CATEL, JOYCE	42 NAME	
STREET ADDRESS	195 LAKEVIEW DR. # 201	43 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE, FL. 33326	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	PROCTOR, ANDREW	52 NAME	
STREET ADDRESS	193 LAKEVIEW DR. # 104	53 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE, FL. 33326	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☒ Addition
NAME	WIECHELT, FAYE MICHELE	62 NAME	
STREET ADDRESS	205 LAKEVIEW DRIVE # 101	63 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE, FL 33326	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95
Date

305-973-1311
Daytime Phone #

0000481