

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 744530 (7)

1. Corporation Name

**RACQUET CLUB AT BONAVENTURE 4 NORTH CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business

**C/O NORDE MGMT. CORP.
6047 KIMBERLY BLVD.
SUITE N
N. LAUDERDALE FL 33068**

Mailing Address

**C/O NORDE MGMT. CORP.
6047 KIMBERLY BLVD.
SUITE N
N. LAUDERDALE FL 33068**

3. Date Incorporated or Qualified
10/11/1978

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

21
Suite, Apt. #, etc

2a. Mailing Address

26
Suite, Apt. #, etc

4. FEI Number

59-1913088

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24
Zip

25
Country

29
Zip

30
Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	TESTA, SUSAN	
STREET ADDRESS	195 LAKEVIEW DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	☒ DELETE
NAME	KOVAC, JOE	
STREET ADDRESS	195 LAKEVIEW DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	SD	☒ DELETE
NAME	VEGA, CARMEN	
STREET ADDRESS	193 LAKEVIEW DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	TD	☐ DELETE
NAME	CATES, JOYCE	
STREET ADDRESS	195 LAKEVIEW DR 201	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	PROCTOR, ANDREW	
STREET ADDRESS	193 LAKEVIEW DR 104	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VD	☒ DELETE
NAME	WIECHELT, FAYE MICHELE	
STREET ADDRESS	205 LAKEVIEW DR 101	
CITY - ST - ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	☐ Change ☒ Addition
1.2 NAME	JONES, LUCILLE	
1.3 STREET ADDRESS	193 LAKEVIEW DR #106	
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	EASLEY, JOHN	
2.3 STREET ADDRESS	209 LAKEVIEW DR #102	
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P/D	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V/D	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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)(k), 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: *Joyce Cates* JOYCE CATES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96
Date

954-389-7909
Daytime Phone #

CR2E037 (12/95)