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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33068-2820



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

3. Date Incorporated or Qualified
10/11/1978

3a. Date of Last Report
04/17/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERKHEIMER, JERRY D
6047 KIMBERLY BLVD., SUITE N
N. LAUDERDALE FL 33068

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE
NAME **JONES, LUCILLE**
STREET ADDRESS **193 LAKEVIEW DR., #106**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **EASLEY, JOHN**
STREET ADDRESS **209 LAKEVIEW DR., #102**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **KOVAC, JOSEPH**
2.3 STREET ADDRESS **195 LAKEVIEW DR., #105**
2.4 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☐ DELETE
NAME **CATES, JOYCE**
STREET ADDRESS **195 LAKEVIEW DR 201**
CITY-ST-ZIP **FT LAUDERDALE FL**

3.1 TITLE **V/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **PROCTOR, ANDREW**
STREET ADDRESS **193 LAKEVIEW DR 104**
CITY-ST-ZIP **FT LAUDERDALE FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **S/T/D** ☐ Change ☒ Addition
5.2 NAME **PESCATORE, CARMINE**
5.3 STREET ADDRESS **417 LAKEVIEW DR., #105**
5.4 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 *Lucille M Jones* **LUCILLE M JONES** 3/28/97 984-384-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025711

CR2E037 (9/96)