2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744530

1. Entity Name

RACQUET CLUB AT BONAVENTURE 4 NORTH CONDOMINIUM

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90070 028 ****61.25

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1913088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERKHEIMER, JERRY D 6047 KIMBERLY BLVD., SUITE N N. LAUDERDALE FL 33068	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, LUCILLE 193 LAKEVIEW DR., #106 FT. LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JILL COYLE 205 LAKEVIEW DR., APT. 204 WESTON, FL. 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PESCATORE, CATHERINE 417 LAKEVIEW DR #105 WESTON FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CESAR QUINTERO 205 LAKEVIEW DR., APT. #204 WESTON, FL. 3326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CATES, JOYCE 195 LAKEVIEW DR 201 FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PESCATORE, CARMINE 417 LAKEVIEW DR, 105 FT LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLAS COUVERTIER 195 LAKEVIEW DR., APT. #203 WESTON, FL. 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COUVERTIER, MELISSA 195 LAKEVIEW DRIVE #203 FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/19/00 349-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #