2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# 744530

Entity Name: RACQUET CLUB AT BONAVENTURE 4 NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CCM, INC.
10034 W MCNAB RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

C/O CCM, INC.
10034 W MCNAB RD.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1913088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILES, JAMES R
CONSOLIDATED COMMUNITY MGMT., INC.
10034 W MCNAB RD.
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JONES, LUCILLE	
Address:	193 LAKEVIEW DR. APT 106	
City-St-Zip:	WESTON, FL 33326	
Title:	SD	( ) Delete
Name:	THOMAS, RUTH	
Address:	193 LAKEVIEW DR. APT 106	
City-St-Zip:	WESTON, FL 33326	
Title:	VD	( ) Delete
Name:	VEGA, EDWIN	
Address:	193 LAKEVIEW DR. APT 101	
City-St-Zip:	FORT LAUDERDALE, FL 33326	
Title:	D	(X) Delete
Name:	PROCTOR, ANDREW	
Address:	193 LAKEVIEW DR. APT 104	
City-St-Zip:	FORT LAUDERDALE, FL 33326	
Title:	TD	( ) Delete
Name:	PROCTOR, THERESA	
Address:	193 LAKEVIEW DR #104	
City-St-Zip:	WESTON, FL 33326	
Title:	D	(X) Delete
Name:	TORREJON, NORA	
Address:	201 LAKEVIEW DR, #106	
City-St-Zip:	WESTON, FL 33326	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	SUAREZ, NORA	
Address:	201 LAKEVIEW DR #204	
City-St-Zip:	WESTON, FL 33326	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUCILLE JONES PD 04/25/2005
Electronic Signature of Signing Officer or Director — Date