2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ÄR)

## Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # 744530** 02-17-2006 90087 044 \*\*\*\*61.25 **RACQUET CLUB AT BONAVENTURE 4 NORTH** CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C:/O CCM, INC. 10034 W MCNAB RD. TAMARAC FL 33321 66004907 CCM, INC. 10034 W MCNAB RD. TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1913088 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILES, JAMES R Street Address (P.O. Box Number is Not Acceptable) CONSOLIDATED COMMUNITY MGMT., INC. 10034 W MCNAB RD. TAMARAC FL 33321 City 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. I am familiar with, and accept SIGNATURE Signature, typisd or printed nume of legisliment agent unit title if applicable (NOTE: Registered Agent signature required when remarking) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Dolete TITLE ☐ Change ☐ Addition JONES, LUCILLE MAME MALE STREET ADDRESS 193 LAKEVIEW DR. APT 106 STREET ADDRESS WESTON FL 33326 C11Y-S1-ZIP CITY-ST-ZIP ☐ Delete THE TITLE ☐ Change ☐ Addition THOMAS, RUTH NAME NAME 193 LAKEVIEW DR. APT 106 STREET ADDRESS STREET ADDRESS WESTON FL 33326 CRY-ST-ZIP CITY-ST-71P C Octobe TITLE Change Addition VEGA, EDWIN NAME NAME STREET ADDRESS 193 LAKEVIEW DR. APT 101 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33326 CITY - ST - ZIP TITLE TD ☐ Detete ☐ Change Addition SUAREZ NORA NAME NAME 201 LAKEVIEW DR #204 STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete nne Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME Delete TEELF ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY - ST - 70P

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, 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 attactional part of the properties.

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ING OFFICER OR DIRECTOR

FILED

SIGNATURE



February 21, 2006

RACQUET CLUB AT BONAVENTURE 4 NORTH CONDOMINIUM ASSOCIA C/O CCM, INC.
10034 W MCNAB RD.
TAMARAC, FL 33321

Subject: RACQUET CLUB AT BONAVENTURE 4 NORTH CONDOMINIUM

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION

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