

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 744530

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



Principal Place of Business
**CCM, INC.
10034 W MCNAB RD.
TAMARAC, FL 33321**

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

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED

06 OCT -5 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09192006 Chg-NP CR2E037 (4/06)

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, LUCILLE 193 LAKEVIEW DR. APT 106 WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Suarez, Nora 201 Lakeview Dr #204 Weston, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, RUTH 193 LAKEVIEW DR. APT 106 WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Juan Carlos Munoz 197 Lakeview Dr. #202 Weston, FL 33326 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, EDWIN 193 LAKEVIEW DR. APT 101 FORT LAUDERDALE, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Martha Lozano 197 Lakeview Dr. #102 Weston, FL 33326 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUAREZ, NORA 201 LAKEVIEW DR #204 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR Robert Cisneros 201 Lakeview Dr. 103 Weston, FL 954-217-7073 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Off. Phillippe Bossman 193 Lakeview #105 954-385-1321 Weston, FL 33326 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Weston, FL 33326 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.

SIGNATURE: Nora A. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

36 10/11