

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749320

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** RACQUET CLUB GARDEN APARTMENTS AT BONAVENTURE 20NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CONSOLIDATED COMMUNITY MGMT  
10034 W MCNAB ROAD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MGMT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MGMT  
10034 W MCNAB ROAD  
TAMARAC, FL 33321 US

**New Mailing Address:**

C/O CONSOLIDATED COMMUNITY MGMT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321

**FEI Number:** 59-1963018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH CHADROW & LEVINE  
1900 N. COMMERCE PARKWAY  
WESTON, FL 33326 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: SD  
Name: MALLIN, GERTRUDE  
Address: 7124 NORTH NOB HILL ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: BM  
Name: TORRES, ELIEZEN  
Address: 7124 NORTH NOB HILL ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: PD  
Name: ROTMAN, ALBERT  
Address: 7124 NORTH NOB HILL ROAD  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: ALBERT ROTMAN

PD

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date