

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90052 042 ****61.25

DOCUMENT # 749476

1. Entity Name

**RACQUET CLUB GARDEN APARTMENTS AT BONAVENTURE 9-
A NORTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**% NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD STE N
N LAUDERDALE FL 33068**

**% NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD STE N
N LAUDERDALE FL 33068**

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

59-1944113

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.
%NORDE MGMT CORP
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **JACKSON, KATHLEEN R**
STREET ADDRESS **318 LAKEVIEW DR #104**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **MAGID, MARILYN**
STREET ADDRESS **318 LAKEVIEW DR. #102**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **STD** ☐ Delete
NAME **SILVESTRI, GLORIA**
STREET ADDRESS **318 LAKEVIEW DR, #103**
CITY-ST-ZIP **FT. LAUDERDALE FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MAGID, MILTON**
STREET ADDRESS **318 LAKEVIEW DR #102**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LANCASTER, KAREN**
STREET ADDRESS **318 LAKEVIEW DR #201**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SANCHEZ, MIRIAN**
STREET ADDRESS **318 LAKEVIEW DRIVE, APT #203**
CITY-ST-ZIP **WESTON FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathleen R. Jackson
SIGNATURE REQUIRED

**Kathleen R.
Jackson**

3/2/02

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CR2E037 (9/01)