2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90047 047 ****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
CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321	C/O CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321

03092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
MILES, JAMES R CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321	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

Filing Fee is $61.25
Due by May 1, 2007

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	PD COLMENARES, SIMON 310 LAKEVIEW DR # 103 WESTON, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Colmenares, Simon 310 Lakeview Dr. # 103 Weston, FL 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOODMAN, DANIEL 310 LAKEVIEW DR # 102 WESTON, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRUZ, ROSANGELA 342 LAKEVIEW DR #103 WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Cruz, Rosangela 342 Lakeview Dr. # 103 Weston, FL 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ECHEVERRIA, JUAN 350 LAKEVIEW DR # 103 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICARIA, ANTONIIO 334 LAKEVIEW DR # 203 WESTON, FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition VP Antonio Vicaria 334 Lakeview Dr. # 203 Weston, FL 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D RUANO, HUGO

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: _____ SIMON COLMENARES 04/18/07 954 389 4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #