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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753248 (4)

1. Corporation Name
RACQUET CLUB APARTMENTS AT BONAVENTURE 21 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
434 LAKEVIEW DRIVE #106 FORT LAUDERDALE FL 33328
C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1980	3a. Date of Last Report 02/21/1994
4. FEI Number 59-2188083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
D.C.I.
2901 SIMMS STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	ZALKIN, CARI
STREET ADDRESS	434 LAKEVIEW DR. #106
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TB
NAME	BANDERAS, PAUL
STREET ADDRESS	430 LAKEVIEW DRIVE #201
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	PD
NAME	MENDLER, ARNOLD
STREET ADDRESS	432 LAKEVIEW DR. #204
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SOLOWAY, AARON
STREET ADDRESS	436 LAKEVIEW DR. #103
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST/LO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAULINE Feder	
1.3 STREET ADDRESS	440 Lakeview Dr. #203	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
2.1 TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEFF ROTMAN #	
4.3 STREET ADDRESS	440 Lakeview Dr. #01	
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHAK KWOOD GONG	
5.3 STREET ADDRESS	434 Lakeview Dr. #104	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cari Zalkin Director Date: 3/21/95 305-922-3514