## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

753248

(4)

DOCUMENT # RACQUET CLUB APARTMENTS AT BONAVENTURE 21 CONDOM INIUM ASSOCIATION, INC.

INIUM ASSOCIATION, INC.					
Principal Place	of Business	Mailing Address		) idnets ineal bitan tiene tifit gran	. 1844 B. 201 B. 21 B. 1814 S. 21 B. 1817 S. 21 S. 1821
434 LAKEVIEW #106	/ DRIVE	C/O DCI 2901 SIMMS HOLLYWOOD FL 3302			
FORT LAUDER	DALE FL 33326	US		3. Date Incorporated or Qualified 07/03/1980	3a. Date of Last Report 03/10/1995
2. Principal Pla	ace of Business	2a. Mailing Address	٠	4. FEI Number	Applied For
21 STA P	ROPERLY MENT, INC		RIY MEMI, ILC	59-2188083	Not Applicable  \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	290537	5. Certificate of Status Desired	Fee Required
22 P.O. Box 240537 City & State		27 <b>P. O. Box</b> City & State	210331	Election Campaign Financing	\$5.00 May Be
City & State	_	28 DAVIE	FL	Trust Fund Contribution	Added to Fees
Z <sub>10</sub>	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
	·OS37 25 BROWARD	29 33324-05	37 30	Florida Statutes  10. Name and Address of New I	Yes No
·	9. Name and Address of Curren	t Registered Agent	81 Name		
				S & A Property Mg	
D.C.i.			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
2901 SIMMS STREET			63	4851 N.W. 103 Ave	Suite #44A
	OOD FL 33021		63		
			84 City	Sunrise,	FL 85 Zip Gode
				and an authority this statement for the p	roose of changing its registered office
11. Pursuant	to the provisions of Sections 617.0502	? and 617.1508, Florida Stat da. Such change was autho	utes, the above named corp rized by the corporation subo	oration submits this statement for the part of directors. I hereby accept the ap	pointment as registered agent. I am
familiar w	ith, and accept the obligations of, Sect	ion 617.0503, Florida Statut	Dun 111	and Karaka	March 7, 1996
SIGNATURE	Edward Hauber,	President /	(AWWWX)	and Junion	DATE
	Signature, typed or printed name of registered agont OFFICERS AN		(NOTE: Registered Agent signature requi	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12
12.	<del></del>	DELETE	1.1 TH LE <b>P</b>	Pablo Banderas	Change Addition
TITLE	STD DANKE	Q)	1.2 NAME	430 Lakeview Dri	ve, #201
NAME	FEDER, PAULINE		13 STHEET ADDRESS	Ft. Lauderdale,	FL.33326
STREET ADDRESS			1.4 CITY-ST-ZIP	FC. Dauderdare,	
CITY - ST - ZIP	FT. LAUDERDALE FL	XIDELETE	21 TITLE VP	Scott Lowen	☐ Change ☐ Addition
TITLE	PD PANDEDAG BALII	<b>E</b>	2 2 NAME	430 Lakeview Dri	ve, #101
NAME	BANDERAS, PAUL		2 3 STREET ADDRESS	Ft. Lauderdale,	FT. 33326
STREET ADDRESS			2 4 CITY-ST-ZIP	rt. Dauderduic,	
CITY - ST - ZIP	FT. LAUDERDALE FL	₹ DELETE	3.1 HILE S/I	Edward Fridovich	☐ Change ☐ Addition
TITLE	D ALENDIED ADMOUD	Macreir	32 NAME	440 Lakeview Dri	ve. #203
NAME	MENDLER, ARNOLD		33 STREET ADDRESS	Ft. Lauderdale,	рт. 33326
STREET ADDRESS	,		3 4 CITY-ST-ZIP	Ft. Lauderdale,	FL. 55520
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	4.1 TITLE <b>D</b>	Arnold Mendler	☐ Change ☐ Addition
TITLE	VD VEE	W	4 2 NAME	432 Lakeview Dri	ve, #204
NAME	ROTMAN, JEFF		4.3 STREET ADDRESS	Ft. Lauderdale,	FL. 33326
STREET ADDRESS	1		4.4 CITY - ST - ZIP	I D. Dadderaare,	
CITY - ST - ZIP	FT. LAUDERDALE FL	<b>™</b> DELETE	51 TITLE <b>D</b>	Shekkwon Gong	☐ Change ☐ Addition
TITLE	D CONC	***************************************	5.2 NAME	434 Lakeview Dri	ve. #104
NAME	SHEKKWON, GONG		5.3 STREET ADORESS		
STREET ADDRESS			5.4 CITY-ST-ZIP	Ft. Lauderdale,	FH. 33340
CITY-ST-ZIP	FT. LAUDERDALE FL	Electrical and a second a second and a second a second and a second a second and a second and a second and a	61 TITLE		☐ Change ☐ Addition
TITLE		1 111111111			Citating
		DELETE			
NAME STREET ADDRES		FINETELE	6.2 NAME 6.3 STREET ADDRESS		_ change _ channel

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 119.07(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:

NOTICE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEK GONG

M Uy Daytime Phone #