FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT #
1. Corporation Name

753248

(4)

Mailing Address

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

% D.C.I. 2901 SIMMS S HOLLYWOOD F US		S & A PROPERTY MGMT INC P O BOX 290537 DAVIE FL 33329-0537 US	C	3. Date Incorporated or Qualified 07/03/1980	3a. Date of Last Report 03/18/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	AKEVIEW DRIVE	26		59-2188083	Not Applicable
Suite, Apt.	#, etc. T # 203	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		# Flacks Osmanla Flacks	Fee Required
-	AUDERDALE, FL	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for it	
24 333		29 30	¬ ´		Yes No
	9. Name and Address of Current			10. Name and Address of New Re	
81 Name S A-A A PROPERTY MANAGEMENT, INC.					
S. AND A. PROPERTY MANAGEMENT, INC.				ddress (P.O. Box Number is Not Acceptab	le)
			44 EAGLE POINT DRI		
FT. LAUDERDALE FL 33326				······	
			64 City	E. 5411 Res.	85 Zip Code
11 Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the shove-named or	ornoration submits this statement for the o	rrose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE EDWARD HAUBER PASSIDES Signature, typed or printed name of registered appell and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE		D	Change 🔀 Addition
NAME	BANDERAS, PABLO		1.2 NAME	WEBER, KIM	49
STREET ADDRESS	430 LAKEVIEW DRIVE, #201		1.3 STREET ADDRESS	HEH LAKEVIEW DRIVE, #1	03
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDAUE, FL 3	3326
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOWEN, SCOTT		2.2 NAME		
STREET ADDRESS	430 LAKEVIEW DRIVE #101		2.3 STREET ADDRESS	· a.,	
CITY-ST-ZIP	FT. LAUDERDALE FL	Dr. 677	2.4 CITY-ST-ZIP		
TATLE	ST FRIDOINGLE FRIMADO	☐ DELETE	3.1 TITLE	P	Change Addition
NAME	FRIDOVICH, EDWARD		3.2 NAME	FRIDOVICH, GOWARD	# 20 3
STREET ADDRESS	440 LAKEVIEW DRIVE #203		3.3 STREET ADDRESS	HHOLAKEVIEW DRIVE,	
City-St-ZIP	FT. LAUDERDALE FL	X DELETE		Fr. LAUDERDALE FL. 3	
TATLE	MENDLER, ARNOLD	M nereie	4.1 TITLE	S/T	Change 🔀 Addition
NAME OTRECT ADDRESS	432 LAKEVIEW DRIVE, #204		4.2 NAME	MURRAY THOMAS 428 LAKEVIEW DRIVE,	4-201
STREET ADDRESS	FT. LAUDERDALE FL		4.3 STREET ADDRESS	E- LANGEVICE C.	333./.
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	FT. LAUDERDALE, FL.	Change Addition
NAME	SHEKKWON, GONG	المارين المارين	5.2 NAME		Fin swelle Fin whenton
STREET ADDRESS	434 LAKEVIEW DR #104		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	r y 4 day have been have them. 4 de	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CIRET AROSI CO			C. A CTOCCT ADODECC		

14. I do 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 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 turstee 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.

SIGNATUREX

CITY-ST-ZIP

ATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0037508

FILED

Jan 22 1997 8:00am

Secretary of State