

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90142 013 ****61.25

DOCUMENT # 763381

1. Entity Name
**THE RACQUET CLUB OF DEER CREEK II
CONDOMINIUM, INC.**



Principal Place of Business
**GLORIA KELLEY JOYCE
1919 NE 43 ST. #117
FORT LAUDERDALE, FL 33308**

Mailing Address
**GLORIA KELLEY JOYCE
P.O. BOX 11508
FT. LAUDERDALE, FL 33442**

2. Principal Place of Business

41 Deercreek Rd

Mailing Address

PO Box 83 2108

Suite, Apt. #, etc.

6-110

Suite, Apt. #, etc.

Deer Creek

City & State

Deerfield Beach FL

City & State

FI

Zip

33442

Country

USA

Zip

33483

Country

USA

03202006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2271451

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALL, LYNN R
41 DEERCREEK RD.
6-110
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BALL, LYNN B
119 DEERCREEK RD #N206
DEERFIELD BCH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AGNELLI, VAL
41 DEERCREEK RD G110
DEERFIELD BCH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BELMONT, MICHAEL
119 DEERCREEK RD N206
DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/06