2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90108 023 ****61.25

DOCUMENT # 763381

1. Entity Name
THE RACQUET CLUB OF DEER CREEK II CONDOMINIUM, I NC.

Principal Place of Business	Mailing Address
% GLORIA J. KELLEY POST OFFICE BOX 7044 BOCA RATON FL 33431	% GLORIA J. KELLEY POST OFFICE BOX 7044 BOCA RATON FL 33431

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Gloria Kelley Joyce	Gloria Kelley Joyce
Suite, Apt. #, etc.: 1919 NE 45 ST #117	Suite, Apt. #, etc.: PO Box 11598
City & State: Ft. Lauderdale	City & State: Ft. Lauderdale FL
Zip: 33308 Country: USA	Zip: 33339 Country: USA

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	7. Name and Address of New Registered Agent
KELLEY, GLORIA J. 2200 N. FEDERAL HWY. #228C BOCA RATON FL 33431	Name: Lynn B Ball Street Address (P.O. Box Number is Not Acceptable): 41 Deer creek Rd. G-110 City: Deerfield Bch FL Zip Code: 33442

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: Lynn B. BALL X 1-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 BALL, LYNN B 119 DEERCREEK RD #N206 DEERFIELD BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DISCHERT, RON 100 N.W. 12 AVE DEERFIELD BCH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PAPPOU, CHRIS 3209 NE 40 STREET FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 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 REQUIRED 1-28-03 954 491 5801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #