

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90024 004 ****61.25

DOCUMENT # 766265

1. Entity Name
**RACQUET CLUB VILLAGE APARTMENTS AT
BONAVENTURE 1EAST CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**C/O CONSOLIDATED COMMUNITY MGMT, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321**

Mailing Address
**C/O CONSOLIDATED COMMUNITY MGMT, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321**

40052273



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2323038

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**EISINGER, DENNIS J ESQ
4000 HOLLYWOOD BLVD SUITE 265-S
HOLLYWOOD, FL 33021**

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, 2008**

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 PD ☒ Delete
NAME ~~SANTIAGO, MARITZA~~
STREET ADDRESS 153 LAKEVIEW DR #201
CITY-ST-ZIP WESTON, FL 33326

TITLE VP ☐ Change ☒ Addition
NAME **DEVEL Bixby**
STREET ADDRESS **151 LAKEVIEW DR. #103**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE TD ☐ Delete
NAME COOPER, WENDI S
STREET ADDRESS 151 LAKEVIEW DR #204
CITY-ST-ZIP WESTON, FL 33326

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

TITLE ~~VP~~ **PRESIDENT** ☐ Delete
NAME HARPER, JOHN W.
STREET ADDRESS 151 LAKEVIEW DR #105
CITY-ST-ZIP WESTON, FL 33326

TITLE ~~VP~~ **PRESIDENT** ☒ Change ☐ Addition
NAME ~~Harper~~ **JOHN W. HARPER**
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CASTILLO, RAUL
STREET ADDRESS 159 LAKEVIEW DR #202
CITY-ST-ZIP WESTON, FL 33326

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

TITLE D ☐ Delete
NAME FELDMAN, ANDREW
STREET ADDRESS 155 LAKEVIEW DR #204
CITY-ST-ZIP WESTON, FL 33326

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

John W. Harper

2/21/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #