

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90008 048 \*\*\*\*\*61.25

**DOCUMENT # 766266**

1. Entity Name

**RACQUET CLUB VILLAGE APARTMENTS AT BONAVENTURE 1**

Principal Place of Business

11530 SR 84  
 DAVIE FL 33325  
 US

Mailing Address

11530 SR 84  
 DAVIE FL 33325  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2383878**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**W BROWARD PROPERTY MANAGEMENT**  
**11530 SR 84**  
**ATTN: MATT ADAMS**  
**DAVIE FL 33325**

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.

SIGNATURE

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DST** ☒ Delete  
 NAME **WEDDINGTON, DWIGHT**  
 STREET ADDRESS **191 LAKEVIEW DR 205**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33326**

TITLE **PD** ☒ Delete  
 NAME **WEDDINGTON, DONNA C**  
 STREET ADDRESS **191 LAKEVIEW DR., 205**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **P** ☐ Delete  
 NAME **HATCHER, HAL**  
 STREET ADDRESS **185 LAKEVIEW DR #204**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **T** ☐ Delete  
 NAME **CRAWFORD, JAMES**  
 STREET ADDRESS **189 LAKEVIEW DR #202**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Delete  
 NAME **AZUAJE, JOEL**  
 STREET ADDRESS **187 LAKEVIEW DR #101**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **S** ☒ Delete  
 NAME **PUEBLA, KARINA**  
 STREET ADDRESS **189 LAKEVIEW DR #103**  
 CITY-ST-ZIP **WESTON FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Richard Hicks**  
 STREET ADDRESS **187 Lakeview Drive #102**  
 CITY-ST-ZIP **Weston, FL 33326**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Neil Tomkin**  
 STREET ADDRESS **189 Lakeview Drive #101**  
 CITY-ST-ZIP **Weston, FL 33326**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Mildred Matos**  
 STREET ADDRESS **177 Lakeview Drive #204**  
 CITY-ST-ZIP **Weston, FL 33326**

TITLE **D** ☒ Change ☐ Addition  
 NAME **James Crawford**  
 STREET ADDRESS **189 Lakeview Drive #202**  
 CITY-ST-ZIP **Weston, FL 33326**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Ana Keinomen**  
 STREET ADDRESS **187 Lakeview Drive #103**  
 CITY-ST-ZIP **Weston, FL 33326**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Isabel L'Hoeste**  
 STREET ADDRESS **177 Lakeview Drive #104**  
 CITY-ST-ZIP **Weston, FL 33326**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/01** **954-472-3820**

Date

Daytime Phone #

CR2E037 (10/00)