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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90006 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767845

1. Corporation Name

BONAVENTURE TENNIS ASSOCIATION, INC.

Principal Place of Business

% MILTON PRESENT
693 RACQUET CLUB RD.
FT. LAUDERDALE FL 33326

Mailing Address

% MILTON PRESENT
693 RACQUET CLUB RD.
FT. LAUDERDALE FL 33326



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/07/1983	
		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BLUMENTHAL, SYLVIA 16300 GOLF CLUB RD. FT. LAUDERDALE FL 33326			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, MARJORIE	1.2 NAME	
STREET ADDRESS	338 FAIRWAY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, JOSEPH	2.2 NAME	
STREET ADDRESS	16300 GOLF CLUB RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ERNEST	3.2 NAME	
STREET ADDRESS	380 RACQUET CLUB RD APT 104	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MAX	4.2 NAME	
STREET ADDRESS	390 LAKEVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REFKIN, BEVERLY	5.2 NAME	
STREET ADDRESS	16300 GOLF CLUB RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, SYLVIA	6.2 NAME	
STREET ADDRESS	16300 GOLF CLUB RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	6.4 CITY-ST-ZIP	

14. 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 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 trustee 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, with all other like empowered.

SIGNATURE:

MAX SCHWARTZ
MAX SCHWARTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

Date

954 384-1727

Daytime Phone #

CR2E037 (1/98)