

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **767104** (3)

1. Corporation Name

**WESTWOODS OF BONAIRE HOMEOWNERS' ASSOCIATION, P.  
A.**



Principal Place of Business

Mailing Address

C/O GOLD COAST PROPERTY MANAGEMENT  
10001 W. OAKLAND PARK BLVD. #300  
SUNRISE FL 33351  
US

C/O GOLD COAST PROPERTY MANAGEMENT  
10001 W. OAKLAND PARK BLVD. #300  
SUNRISE FL 33351  
US

3. Date Incorporated or Qualified  
**02/21/1983**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2390294**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIGOLA, MICHELLE**  
**NATIONS BANK TOWER** 5340 N. FEDERAL HIGHWAY  
**DEMANON PLAZA STE 104**  
**FT. LAUDERDALE FL 33304**  
**LIGHTHOUSE POINT, FL 33064**

81 Name

**MICHELLE C. FRIGOLA, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**5340 NORTH FEDERAL HIGHWAY, SUITE 104**

83

84 City

**LIGHTHOUSE POINT**

85

Zip Code

**FL 33064**

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

**MICHELLE C. FRIGOLA, ESQ. 4/8/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, JOE	
STREET ADDRESS	7531 N.W. 79TH AVE. #A-304	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, DAVID	
STREET ADDRESS	7547 N.W. 79TH AVE. #214	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLD, MURIEL	
STREET ADDRESS	7653 N.W. 79TH AVE.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SLOANE, JERRY	
STREET ADDRESS	7699 N.W. 79TH AVE. #2A-203	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TROHATOS, ALLEN	
STREET ADDRESS	7737 N.W. 79TH AVE.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARKOWITZ, SEYMOUR	
13 STREET ADDRESS	7531 N.W. 79th AVENUE 5A-203	
14 CITY-ST-ZIP	TAMARAC, FL 33321	
21 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)