


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**A & M PROPERTY MGT.
3475 MIATUS RD
SUNRISE FL 33351
US**

**A & M PROPERTY MGT.
3475 MIATUS RD
SUNRISE FL 33351
US**

3. Date Incorporated or Qualified

02/21/1983

4. FEI Number

59-2390294

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIGOLA, MICHELLE C P.A.
5340 NORTH FEDERAL HIGHWAY
SUITE 104
LIGHTHOUSE POINT FL 33351**

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

Michelle C. Frigola
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/2/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKOWITZ, SEYMOUR	
STREET ADDRESS	7531 N.W. 79TH AVENUE 5A-203	
CITY - ST - ZIP	TAMARAC FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHAW, DAVID	
STREET ADDRESS	7547 N.W. 79TH AVE. #214	
CITY - ST - ZIP	TAMARAC FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, MURIEL	
STREET ADDRESS	7653 N.W. 79TH AVE.	
CITY - ST - ZIP	TAMARAC FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLOANE, JERRY	
STREET ADDRESS	7699 N.W. 79TH AVE. #2A-203	
CITY - ST - ZIP	TAMARAC FL	

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WAX, BERNIE	
1.3 STREET ADDRESS	7625 NW 79AVE 3A-301	
1.4 CITY - ST - ZIP	TAMARAC, FL 33321	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *X*

REQUIRED

CP2E037 (10/97)