

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767104

1. Entity Name

WESTWOODS OF BONAIRE HOMEOWNERS' ASSOCIATION, P.

FILED

May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90032 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

A & M PROPERTY MGT.  
3475 HIATUS RD  
SUNRISE FL 33351-7500  
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

59-2390294

Applied For

Not Applicable

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

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

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

*Michelle C Frigola, Esq.* *Michelle C. Frigola, P.A.*

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

3/22/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME COHEN, GEORGE  
STREET ADDRESS 7515 NW 79TH AVE #209  
CITY-ST-ZIP TAMARAC FL

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

TITLE ST ☐ Delete  
NAME SHAW, DAVID  
STREET ADDRESS 7547 N.W. 79TH AVE. #214  
CITY-ST-ZIP TAMARAC FL

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

TITLE VP ☐ Delete  
NAME WAX, BERNIE  
STREET ADDRESS 7625 NW 79 AVE 3A-301  
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE PD ☐ Delete  
NAME SLOANE, JERRY  
STREET ADDRESS 7699 N.W. 79TH AVE. #2A-203  
CITY-ST-ZIP TAMARAC FL

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

TITLE D ☐ Delete  
NAME TROHATOS, ALLEN  
STREET ADDRESS 7737 N.W. 79TH AVE.  
CITY-ST-ZIP TAMARAC FL 33321

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 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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/00

RECEIVED  
MAY 02 2000

CR2E037 (9/99)