


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767104</b>	
<b>1. Entity Name</b>	
WESTWOODS OF BONAIRE HOMEOWNERS' ASSOCIATION, P.A.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
A & M PARTNERS 3475 HIATUS RD SUNRISE FL 33351 US	A & M PARTNERS 3475 HIATUS RD SUNRISE FL 33351 US

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>		<b>Applied For</b>
59-2390294		Not Applicable
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>		

<b>6. Name and Address of Current Registered Agent</b>
A & M PARTNERS, INC. 3475 N HIATUS RD SUNRISE FL 33351

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

<b>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. I am familiar with, and accept the obligations of registered agent.</b>	
SIGNATURE <i>Bernie Wax</i>	DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD DOMKE, DAVID 7735 NW 79TH AVENUE TAMARAC FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1000000227234 02/12/05-R0047-024 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WAX, BERNIE 7625 NW 79 AVE 3A-301 TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MADDALONE, LEE 7579 NW 79TH AVENUE TAMARAC FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD STEINBERG, ROCHELLE 7531 NW 79TH AVENUE TAMARAC FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KRIENDEL, MARVIN 7699 NW 79TH AVE #202 FORT LAUDERDALE FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>	
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<b>SIGNATURE:</b> <i>Bernie Wax - BERNIE WAX PRES.</i>	<b>7/9/05</b>	<b>954-720-1082</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		