
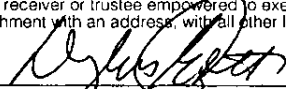


**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

4000000

<b>DOCUMENT # 767104</b>						03-19-2007 90054 004 ***61.25	
1. Entity Name <b>WESTWOODS OF BONAIRE HOMEOWNERS' ASSOCIATION, INC.</b>							
Principal Place of Business 7707 N.W. 79 AVE. TAMARAC, FL 33321 US				Mailing Address HUMAN CARUSO GROSS & ASSOCIATES, CPA 2 SOUTH UNIVERSITY DR. STE. 312 PLANTATION, FL 33324			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		4. FEI Number 59-2390294		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BROUGH, CHADROW & LEVINE PA GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY WESTON, FL 33326				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
						Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAX, BERNIE			NAME			
STREET ADDRESS	7625 NW 79 AVE 3A-301			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDALONE, LEE			NAME			
STREET ADDRESS	7579 NW 79TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINBERG, ROCHELLE			NAME			
STREET ADDRESS	7531 NW 79TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRIENDEL, MARVIN			NAME			
STREET ADDRESS	7699 NW 79TH AVE #202			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETT, DOUG			NAME			
STREET ADDRESS	7735 NW 79 AVE #108			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				3/17/07 954-722-2817			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			