

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769247 (8)

1. Corporation Name

BONAIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O GUARANTEE MANAGEMENT SERVICES
5300 NW 33RD AVE #104
FT LAUDERDALE FL 33309

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5300 NW 33RD AVE #104
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified
07/06/1983

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2443449

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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**

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

**BIEL, ARTIE
7540 NW 79TH AVE., #T-5
ONE FINANCIAL PLAZA STE 2012
TAMARAC FL 33321**

81 Name

SMITH & HIATT, P.A., ATTN: ROBERT LEE, ESQ.

82

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

2400 E. COMMERCIAL BLVD., SUITE 600

83

84

FT. LAUDERDALE,

FL

85 Zip Code
33308

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

ROBERT LEE, ESQ.

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BIEL, ARTIE
7540 NW 79TH AVE., #T-5
TAMARAC FL**

TITLE NAME ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LERNER, SOL
7570 NW 79TH AVE., #W-3
TAMARAC FL**

TITLE NAME ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BIDER, SAM
7700 NW 79TH AVE., #P-7
TAMARAC FL**

TITLE NAME ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAMEN, CHRIS
7640 NW 79TH AVE., #L-1
TAMARAC FL**

TITLE NAME ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLOVEN, LINDA
7750 NW 79TH AVE., #H-9
TAMARAC FL**

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD ☒ Change ☐ Addition

1.2 NAME

**BIDER, SAM
7700 N.W. 79th AVENUE, P-7
TAMARAC FL**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VD ☒ Change ☐ Addition

2.2 NAME

**LEVIN, STANTON
7770 N.W. 79th AVENUE, #E-6
TAMARAC FL**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

SD ☒ Change ☐ Addition

3.2 NAME

**BROWN, ANITA
7510 N.W. 79th AVENUE, Q-1
TAMARAC, FL**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

TD ☒ Change ☐ Addition

4.2 NAME

**ROSENFELD, STUART
7550 N.W. 79th AVENUE, U-4
TAMARAC, FL**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D ☒ Change ☐ Addition

5.2 NAME

**D'ANTONI, RICHARD
7610 N.W. 79th AVENUE, #I-4
TAMARAC FL**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: *Samuel Bider Pres* **SAM BIDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (954) 722-9660
Date Daytime Phone #

CR2E037 (12/95)