

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769247

FILED
Apr 29, 2005
Secretary of State

Entity Name: BONAIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CCM
10034 MCNAB RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

C/O CCM
10034 MCNAB RD.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-2443449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, JAMES R
1003 W. MCNAB RD.
#202
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

MILES, JAMES R
1003 W. MCNAB RD.
TAMARAC, FL 33321 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARIENZO, FRANK
Address: 7510 NW 79TH AVENUE O-2
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: BIDER, SAM
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: BRACH, SUSAN
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: SD (X) Delete
Name: GIORGIANNI, FRAN
Address: 10034 W MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SLOVEN, NEIL
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASANAS, SHIRLEY
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change () Addition
Name: SKOLNICK, ALLAN
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SLOVEN, NEIL
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL SLOVEN

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date