


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90212 035 \*\*\*\*61.25

**DOCUMENT # N27964**

1. Entity Name  
**BONAIRE VILLAGE AT WOODMONT NO.5, INC.**



Principal Place of Business  
**A & M PROPERTY MGMT.  
 3475 HIATUS ROAD  
 SUNRISE, FL 33351**

Mailing Address  
**A & M PROPERTY MGMT.  
 3475 HIATUS ROAD  
 SUNRISE, FL 33351**

**94073566**



2. Principal Place of Business  
**c/o CCM**

3. Mailing Address  
**c/o CCM**

Suite, Apt. #, etc.  
**10034 W McNab Rd**

03292004 Chg-NP CR2E037 (10/03)

City & State  
**TAMARAC, FL**

City & State  
**TAMARAC, FL**

Zip  
**33321**

Country

Zip  
**33321**

Country

4. FEI Number  
**65-0100954**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**A&M PROPERTY MGMT  
 3475 N HIATUS RD  
 SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name  
**James R. Miles**

Street Address (P.O. Box Number is Not Acceptable)  
**c/o CCM, Inc**

**10034 W McNab Rd**

City  
**TAMARAC** FL Zip Code  
**33321**

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  DATE **3/28/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	WEISBACH, ROSE	
STREET ADDRESS	7540 N.W. 79TH AVENUE, T-2	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIORGIANI, FRAN	
STREET ADDRESS	7650 NW 79TH AVENUE # V-2	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISBACH, JACK	
STREET ADDRESS	7540 NW 79TH AVENUE T-2	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREDERICK, JOAN	
STREET ADDRESS	7650 NE 79TH AVE V-3	
CITY-ST-ZIP	TAMARAC, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR