

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27964

FILED
Apr 23, 2009
Secretary of State

Entity Name: BONAIRE VILLAGE AT WOODMONT NO.5, INC.

Current Principal Place of Business:

WEST BROWARD COMM MGMT
11530 STATE ROAD 84
FORT LAUDERDALE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

WEST BROWARD COMM MGMT
PO BOX 551390
FORT LAUDERDALE, FL 333551390 US

New Mailing Address:

FEI Number: 65-0100954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORE, ANGELA
WEST BROWARD COMM MGMT
11530 STATE RD 84
FORT LAUDERDALE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WEISBACH, ROSE
Address: 7540 N.W. 79TH AVENUE, T-2
City-St-Zip: TAMARAC, FL 33321

Title: PD () Delete
Name: GIORGIANNI, FRAN
Address: 7650 NW 79TH AVENUE # V-2
City-St-Zip: TAMARAC, FL 33321

Title: V () Delete
Name: MENCH, DENNIS
Address: 7560 NW 79TH ST V-5
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: FREDERICK, JOAN
Address: 7560 NW 79TH ST V-3
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: BARTON, MELISSA
Address: 7560 NW 79TH ST V-4
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRAN GIORGIANNI

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date