SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 PM 9:21

DOCUMENT # 731654 (0)

1. Corporation Name
BONAIRE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14580 BONAIRE BLVD DELRAY BEACH FL 33446	14580 BONAIRE BLVD DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1975
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-1579426 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SUNVEST MANAGEMENT SERVICE CORP
1100 S. STATE ROAD 7
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KLUSKY, MIRIAM	12 NAME	TSD
STREET ADDRESS	14671 BONAIRE BLVD #305	13 STREET ADDRESS	Albert H. Waxman
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	14623 Bonaire Blvd. Apt. 303 Delray Beach, Fl. 33446
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WAXMAN, MAX	22 NAME	D
STREET ADDRESS	14623 BONAIRE BLVD #608	23 STREET ADDRESS	Dave Zigler
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	14575 Bonaire Blvd., Apt.409 Delray Beach, Fl. 33446
TITLE	TSD	31 TITLE	☐ Change ☐ Addition
NAME	MALLY, HAROLD	32 NAME	D
STREET ADDRESS	14671 BONAIRE BLVD #706	33 STREET ADDRESS	Victor Stillerman
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	14520 Bonaire Drive Delray Beach, Fl. 33446
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ELMER, MORTON	42 NAME	D
STREET ADDRESS	14575 BONAIRE BLVD #501	43 STREET ADDRESS	Joseph Zonies
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	14575 Bonaire Blvd., Apt. 303 Delray Beach, Fl. 33446
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GREENFIELD, MORRIS	52 NAME	
STREET ADDRESS	14624 BONAIRE DR	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	VERNOFF, SAMUEL	62 NAME	
STREET ADDRESS	14721 BONAIRE BLVD #311	63 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(i), 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: Miriam J. Klusky / Miriam J. Klusky, Pres. 6/6/95 407-495-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011694