

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. [Signature] Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731654** (0)

1. Corporation Name

BONAIRE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 14580 BONAIRE BLVD DELRAY BEACH FL 33446	Mailing Address 14580 BONAIRE BLVD DELRAY BEACH FL 33446-1703
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/15/1975	3a. Date of Last Report 02/02/1996
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

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 ARISTA MANAGEMENT GROUP INC 82 Street Address (P.O. Box Number is Not Acceptable) 151 NW 18th AVE 83 City DELRAY BEACH FL 85 Zip Code 33446	
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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 *[Signature]* **ARISTA MANAGEMENT GROUP** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLUSKY, MIRIAM 14671 BONAIRE BLVD #305 DELRAY BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAXMAN, MAX 14623 BONAIRE BLVD #608 DELRAY BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WAXMAN, ALBERT H 14623 BONAIRE BLVD. APT. 303 DELRAY BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIGLER, DAVE 14575 BONAIRE BLVD., APT 409 DELRAY BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, MORRIS 14624 BONAIRE DR DELRAY BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STILLERMAN, VICTOR 14520 BONAIRE DRIVE DELRAY BEACH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☒ Change ☐ Addition

14. I do 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 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.

CR2E037 (9/96)