FILE NOW: FILING FEE IS $61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 01/15/1975

4. FEI Number: 59-1579426 ☐ Applied For ☐ Not Applicable

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 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARISTA MANAGEMENT GROUP INC 151 NW 18TH AVE DELRAY BEACH FL 33444	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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KLUSKY, MIRIAM		1.2 NAME		
STREET ADDRESS	14671 BONAIRE BLVD #305		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	WAXMAN, MAX		2.2 NAME		
STREET ADDRESS	14623 BONAIRE BLVD #608		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILMAN, MURIEL		3.2 NAME		
STREET ADDRESS	14671 BONAIRE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	ZIGLER, DAVE		4.2 NAME	HELOCAT Cooper	
STREET ADDRESS	14575 BONAIRE BLVD., APT 409		4.3 STREET ADDRESS	14613 Bonaire Blvd	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREENFIELD, MORRIS		5.2 NAME		
STREET ADDRESS	14624 BONAIRE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STILLERMAN, VICTOR		6.2 NAME	ALBERT HYSLOP	
STREET ADDRESS	14520 BONAIRE DRIVE		6.3 STREET ADDRESS	14613 Bonaire Blvd	
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP	Delray Beach FL 33446	

CR2E037 (10/97)

14. 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #