

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731654

1. Entity Name

BONAIRE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90012 011 \*\*\*\*61.25

Principal Place of Business  
**14580**  
580 BONAIRE BLVD  
DELRAY BEACH FL 33446

Mailing Address  
14580 BONAIRE BLVD  
DELRAY BEACH FL 33446-1703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**14580 BONAIRE BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1579426**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON  
C/O PRIME MANAGEMENT  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME KLUSKY, MIRIAM  
STREET ADDRESS 14671 BONAIRE BLVD #305  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME NORMA SHERMAN  
STREET ADDRESS 14536 Bonaire Blvd #506  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME WAXMAN, MAX  
STREET ADDRESS 14623 BONAIRE BLVD #608  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VICE PRESIDENT ☐ Change ☐ Addition  
NAME MURIA GILMAN  
STREET ADDRESS 14671 Bonaire Blvd #509  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME GILMAN, MURIEL  
STREET ADDRESS 14671 BONAIRE BLVD #509  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME BOB SHUSTER  
STREET ADDRESS 14575 Bonaire Blvd #108  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WEINER, VIRGINIA  
STREET ADDRESS 14536 BONAIRE BLVD  
CITY-ST-ZIP DELRAY BEACH FL

TITLE TREASURER / SECRETARY ☐ Change ☐ Addition  
NAME WEINER, VIRGINIA  
STREET ADDRESS 14536 Bonaire Blvd  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GREENFIELD, MORRIS  
STREET ADDRESS 14624 BONAIRE BLVD  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WAXMAN, AL  
STREET ADDRESS 14623 BONAIRE BLVD  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME HERB COOPER  
STREET ADDRESS 14623 Bonaire Blvd #310  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 561-4950494  
Date Daytime Phone #

CR2E037 (9/99)