2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State
07-08-2005 90021 012 ****61.25

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DOCUMENT # 731654

1. Entity 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

07272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Muriel Gilman
Street Address (P.O. Box Number is Not Acceptable): 14671 Bonaire Blvd. #509
City: Delray Beach, FL 33446
State: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Muriel Gilman DATE: 7/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD URDANG, GEORGE 14720 BONAIRE BLVD DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Max Waxman 14623 Bonaire Blvd. #608 Delray Beach, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, NORMA 14527 BONAIRE BLVD #506 DELRAY BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILMAN, MURIEL 14671 BENAIRE BLVD #509 DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Gilbert Wilder 14527 Bonaire Blvd. #208 Delray Beach, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPARK, CARLETON 14623 BONAIRE BLVD #108 DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENFIELD, MORRIS 14624 BONAIRE BLVD DELRAY BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, HERB 14623 BONAIRE BLVD #310 DELRAY BEACH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X Muriel Gilman 7/29/05 5614980747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #