## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #731654** 

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

Mailing Acidness   14508 BONNIAE BLVD   DELRAY BEACH, FL 33446   South, Apt. F. etc.   South, Apt. Etc.   South, Apt. F. etc.   South, Apt. F. etc.   South, Apt. Etc.   South, Apt. F. etc.   South, Apt. F. etc.   South, Apt. Etc.   South, Apt. F. etc.   South, Apt. Etc.	1. Entity Nam BONAIRE	e VILLAG	E CONDOMINIUI	M ASSO	CIATION, INC	). 							
Suite, Apt. F. ctc.    Suite, Apt. F. ctc.   Suite, Apt. F. etc.   O7272005   Chg-NP   CR2E037 (10/03)   City & State   City & State   A. FEINweiter   S9-1579426   Next Application   Next Application   Next Application   Next Application   S9-1579426   Next Application   Next Application   Next Application   S9-1579426   Next Application   S9-1579426   Next Application   Next Application   Section   Sec	14580 BONAIRE BLVD 14580 BONAIRE BLVD					446		1 187 (1) 1878	. iirei kisis siisi siii sii			(IIII	
City & State  Ci	2. Principal Place of Business 3. Ma			3. Maili	Mailing Address								
Secondary   Specific   S	Suite, Apt. #, etc. S			Sui	Suite, Apt. #, etc.			07272005	Chg-NP	CR2E03	7 (10/03)		
S. Certification of South Section   Fee Required Agent   Fee Required   Fee Requi	City & State			City	City & State				E0 4570400				
NATION OF COMMERCE BLVD Street Address (P.O. Box Number is Not Acceptable)  Delray Beach, FI 33446  City FL Zip Code  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 originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both, in the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both.  Intelligence of registered agent. Or both. In the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both. In the State of Florida. I am familiar with, and accept the originatore of registered agent. Or both. In the State of Florida. I am familiar with, and accept the originatore	Zip		Country	Zip		Cour	ntry	5. Certificate	of Status Desired				
SWATCH MAYEON COPRIMER MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA FATON, FL 33487  BOCA FATON, FL 33487  BOCA FATON, FL 33486  City FL Zip Code  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 objective of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective required required agent and list apolatable.  Filling Fee is \$61.25  Due by September 7, 2005  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  WARE URDANG, GEORGE  17 ST. 20 BONAIRE BLVD  17 ST. 20 BONAIRE BLVD  17 ST. 20 BONAIRE BLVD  17 ST. 20 BONAIRE BLVD #506  17 ST. 20 BONAIRE BLVD #506  17 ST. 20 BONAIRE BLVD #509  17 ST. 20 BONAIRE		6. Name	and Address of Curren	t Registere	d Agent			7. Name and	Address of New !	Registered A	gent		
SIGNATURE    Signature   Signa	C/O PRIM 6300 PAR	E MANAG K OF CON	HMERCE BLVD			- - -	Street Address 146	ss (P.O. Box Numbe 5.7.1 Bona	r is Not Acceptable re Blvd	#509 3446		e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELEAR Y BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	the obligat	tions of regist	pered agent. Jurul Hilm	ran.			····		h, in the State of Fi	Orida. I am fa	amiliar with,	and accept	
TITLE NAME URDANG, GEORGE URDANG, GE													
NAME OLTP.ST.2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE DELRAY BEACH, FL 33446  TITLE DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 334	D												
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NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D GREENFIELD, MORRIS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL STREET ADDRESS CITY-ST-ZIP TITLE D GREENFIELD, MORRIS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL STREET ADDRESS CITY-ST-ZIP TITLE D COOPER, HERB STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE D COOPER, HERB STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL  COOPER, HERB STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL  COOPER, HERB STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL  COOPER, HERB STREET ADDRESS CITY-ST-ZIP CHANGE STRE	10. TITLE NAME STREET ADDRESS	SD URDANG 14720 BO	OFFICERS AND D OFFICERS AND D , GEORGE NAIRE BLVD	DIRECTORS	Trust Fund C	11. TITLE NAME STREE	T ADDRESS T-ZIP 14	Added to Fees ADDITIONS/CH/ ice Presi ax Waxmar 1623 Bona	Flo NNGES TO OFFICE Ldent Ldent Laire Blv	erida Depart ERS AND DIR d. #60	ECTORS IN Change	tate	
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NAME STREET ADDRESS CITY-ST-ZIP  DELRAY BEACH, FL  TITLE NAME COOPER, HERB STREET ADDRESS CITY-ST-ZIP  DELRAY BEACH, FL  TITLE COPER, HERB STREET ADDRESS CITY-ST-ZIP  DELRAY BEACH, FL  COOPER, HERB STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SD URDANG, 14720 BO DELRAY I D SHERMAI 14527 BO DELRAY I PD GILMAN, 14671 BE	OFFICERS AND D OFFICE	DIRECTORS	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE	T ADDRESS ST-ZIP T ADDRESS T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Added to Fees ADDITIONS/CHA ice Presidax Waxman 4623 Bona elray Bea reasurer ilbert Wi 4527 Bona	ident aire Blv ach, FL	d. #60	Change Change	Addition  Addition	
NAME COOPER, HERB X NAME STREET ADDRESS 14623 BONAIRE BLVD #310 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SD URDANG, 14720 BO DELRAY I D SHERMAI 14527 BO DELRAY I PD GILMAN, 14671 BE DELRAY I TD SPARK, C 14623 BO	OFFICERS AND D OFFICE	DIRECTORS	Trust Fund C	111. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	T ADDRESS	Added to Fees ADDITIONS/CHA ice Presidax Waxman 4623 Bona elray Bea reasurer ilbert Wi 4527 Bona	ident aire Blv ach, FL	d. #60	Change Change	Addition  Addition	
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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.