FILED Apr 06, 2007 8:00 am Secretary of State

2007	ANNUA	L REPORT	PUKAI	IUN
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Spantive Signature Spantive	NC. 04-06-2007 90039 038 ****61.25	DOCUMENT # 731654 1. Entity Name BONAIRE VILLAGE CONDOMINIUM ASSOCIATION, INC.						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O3262007 Chg-NP CR2E037 (12/06)		80 Bonaire Blvd	14580 BONAIRE BLVD 1458					
City & State Applied For 59-1579426 Applied For 59-1579426 Country 5. Certificate of Status Desired	FIREWILLERS WIND WERE SHIPT WITH BIRTH BIR	ailing Address	Principal Place of Business - No P.O. Box # 3. Mailing Addre					
Spark Country Zip Country Status Desired \$8.75 Additional Fee Required \$8.75 Add	03262007 Chg-NP CR2E037 (12/06)	uite, Apt. #, etc.	Suite, Apt. #, etc.					
6. Name and Address of Current Registered Agent SPARK, CARLETON 14623 BONAIRE BLVD APT 108 DELRAY BEACH, FL 33446 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. I am familiar with, and accident be obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 Due by May 1, 2007 Make check payable to Florida Department of State		ity & State	City & State C					
SPARK, CARLETON 14623 BONAIRE BLVD APT 108 DELRAY BEACH, FL 33446 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. I am familiar with, and acceptable to the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 Due by May 1, 2007 Make check payable to Florida Department of State		ip Cou	Country Zi	Zip				
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City 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. I am familiar with, and acceptable of registered agent. SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 Due by May 1, 2007 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees		SPARK, CARLETON 14623 BONAIRE BLVD APT 108 Street Address (P.O.						
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Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE							
	ampaign Financing \$5.00 May Be Check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	3 11.	OFFICERS AND DIRECTORS	10.				
NAME URDANG, GEORGE - NAME DIFECTOR STREET ADDRESS 14720 BONAIRE BLVD STREET ADDRESS Frank Amodeo CITY-ST-ZIP DELRAY BEACH, FL 33446 CITY-ST-ZIP 14623 Bonaire Blvd. #708	NAME Director STREET ADDRESS Frank Amodeo CITY-ST-ZIP 14623 Bonaire Blvd. #708	NAME STREE	ANG, GEORGE 0 BONAIRE BLVD	NAME URD STREET ADDRESS 1472				
TITLE T Delete TITLE DelTay Beach, FL. 33446 Change Add NAME WILDER, GILBERT NAME STREET ADDRESS 14527 BONAIRE BLVD SUITE 208 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 CITY-ST-ZIP	NAME STREET ADDRESS	NAME STREE	7 BONAIRE BLVD SUITE 208	NAME WILE STREET ADDRESS 1452				
TITLE PD GILMAN, MURIEL STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE Director Jacob Terk STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 Director Jacob Terk 14527 Bonaire Blvd. #608 Delray Beach, FL 33446	NAME STREET ADDRESS CHY-ST-7/P 14527 Bonaire Blvd. #608	NAME STREE	1 BENAIRE BLVD #509	NAME GILM STREET ADDRESS 1467				
TITLE XX President Delete TITLE NAME SPARK, CARLETON NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	NAME STREE	3 BONAIRE BLVD #108	NAME SPAF STREET ADDRESS 1462				
NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446	Rick Fine STREET ADDRESS CITY- SI-ZIP Dolaray Boach FI = 233446	NAME STREE	7 BONAIRE BLVD SUITE 408	NAME MULI STREET ADDRESS 1452				
TITLE VP Delete TITLE DIFFER DOING THE CHANGE Add to Change Add to Change WAXMAN, MAX STREET ADDRESS 14623 BONAIRE BLVD,#608 CITY-ST-ZIP DELRAY BEACH, FL 33446 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions considered 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 direct or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct and that my signature shall have the same le	NAME Director STREET ADDRESS Robert Stark CITY-S1-ZIP 14721 Bonaire Blvd. #210	NAME Stree City-	3 BONAIRE BLVD,# 608 RAY BEACH, FL 33446	NAME WAX STREET ADDRESS 1462 CITY-ST-ZIP DELF				

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.