



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 023 ****61.25

DOCUMENT # 759992 1. Entity Name BONAIRE AT WOODMONT NO. 2, INC.					
Principal Place of Business 7707 N.W. 79 AVE. TAMARAC, FL 33321 US			Mailing Address BERGMAN, SPIEWAK, GOTTESMAN, CO PA 8211 W. BROWARD BLVD. PLANTATION, FL 33324		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>Tyman Caruso</i> <i>Gross + Associates CPA's</i> Suite, Apt. #, etc. <i>2 South University Dr ST 312</i> City & State <i>Plantation, Florida</i> Zip <i>33324</i> Country <i>U.S.A.</i>			
City & State Zip		City & State Zip		4. FEI Number 59-2382277 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE PA GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY WESTON, FL 33326			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	STD BERNSTEIN, BERT 7675 NW 79TH AVE B-215 TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREINDEL, MARVIN 7699 NW 79TH AVE, #202 TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MESSEROFF, JEROME 7699 NW 79TH AVE, #201 TAMRAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOANE, RUTH 7699 NW 79TH AVE TAMARAC, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, VIVIAN 7699 NW 79TH AVE TAMARAC, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Marvin Kreindel Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/17/06 Date Daytime Phone #		