2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759992

FILED Jan 13, 2009 Secretary of State

Entity Name: BONAIRE AT WOODMONT NO. 2, INC.

Current Principal Place of Business: New Principal Place of Business: 7707 N.W. 79 AVE. US TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** C/O MOODY 160 S UNIVERSITY DR SUITE E PLANTATION, FL 33324 FEI Number: 59-2382277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RANDALL K ROGER & ASSOCIATES BROUGH, CHADROW, AND LEVINE P.A. 1 PARK PLACE 1900 NORTH COMMERCE PARKWAY 621 NW 53 STREET WESTON, FL 33326 US BOCA RATON, FL 33487 US 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: BROUGH, CHADROW, AND LEVINE P.A. 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BERNSTEIN, BEA Name: Name: 7675 NW 79 AVE #109 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: PD () Delete Title: () Change () Addition KREINDEL, MARVIN Name: Name: Address: 7699 NW 79TH AVE. #202 Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: VPD () Delete Title: () Change () Addition MESSEROFF, JEROME Name: Name: 7699 NW 79TH AVE, #201 Address: Address: City-St-Zip: TAMRAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SLOANE, RUTH Name: 7699 NW 79TH AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition LEDUC, RITA Name: Name: 7699 NW 79TH AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition CITRIN, RUTH Name: Name: Address: 7699 NW 79 AVE Address: TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN KREINDEL PD 01/13/2009