2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760682

FILED Jan 13, 2009 Secretary of State

Entity Name: BONAIRE AT WOODMONT NO. 3, INC.

Current Principal Place of Business: New Principal Place of Business: 7707 NW 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: 59-2446307 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 SUITE 300 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: VPD () Delete () Change () Addition D'ANGELO, ANTHONY Name: Name: 7659 NW 79 AVE #110 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition PEARLMAN, GARY Name: Name: Address: 7659 NW 79 AVE #209 Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: PD() Delete Title: () Change () Addition WAX, BERNIE Name: Name: 7707 NW 79 AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WEINTRAUB, ELLEN Name: 7707 NW 79 AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition SPRUNG, RANDI Name: Name: 7707 NW 79 AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition DOMERSANT, RACHMANI Name: Name: Address: 7707 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: BERNIE WAX PD 01/13/2009