



FILED
Jan 19, 2006 8:00 am
Secretary of State

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DOCUMENT # 767104				01-19-2006 90077 021 ****61.25	
1. Entity Name WESTWOODS OF BONAIRE HOMEOWNERS' ASSOCIATION, P.A.					
Principal Place of Business 7707 N.W. 79 AVE. TAMARAC, FL 33321 US		Mailing Address BERGMAN, SPIEWAK, GOTTESMAN, CO PA 8211 W. BROWARD BLVD., SUITE 440 PLANTATION, FL 33324			
2. Principal Place of Business		3. Mailing Address <i>THOMAS CALUSOGROSS + ASSOCIATES CPAs</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2 South University Dr. Suite 312</i>		01122006 Chg-NP CR2E037 (11/05)	
City & State <i>PLANTATION, FLORIDA</i>		City & State		4. FEI Number 59-2390294	
Zip <i>33327</i>		Country <i>U.S.A.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 VPD DOMKE, DAVID 7735 NW 79TH AVENUE TAMARAC, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP <i>D PETT, DOUG 7735 NW 79 AVE #108 TAMARAC, FL - 33321</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD WAX, BERNIE 7625 NW 79 AVE 3A-301 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 SD MADDALONE, LEE 7579 NW 79TH AVENUE 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 TD STEINBERG, ROCHELLE 7531 NW 79TH AVENUE 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 KRIENDEL, MARVIN 7699 NW 79TH AVE #202 FORT LAUDERDALE, 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 <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>Bernie Wax - President</i> 1/16/06 954-210-1082					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					