FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769247 (8)

1. Corporation Name
BONAIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GUARANTEE MANAGEMENT SERVICES 5300 NW 33RD AVE #104 FT LAUDERDALE FL 33309	C/O GUARANTEE MANAGEMENT SERVICES 5300 NW 33RD AVE #104 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1983
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2443449 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FRIGOLA, MICHELLE C., ESQUIRE
C & S BANK BLDG.
ONE FINANCIAL PLAZA STE 2012
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: ARTIE BIEL
82 Street Address (P.O. Box Number Is Not Acceptable): 7540 N.W. 79th AVE., #T-5
83
84 City: TAMARAC FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KAMEN, CHRIS	1.2 NAME	BIEL, ARTIE	
STREET ADDRESS	7640 N.W. 79TH AVE., SUITE L-1	1.3 STREET ADDRESS	7540 N.W. 79th AVENUE, #T-5	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SLOVEN, NEIL	2.2 NAME	LERNER, SOL	
STREET ADDRESS	7750 N.W. 79TH AVE., SUITE H-9	2.3 STREET ADDRESS	7570 N.W. 79th AVENUE, #W-3	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	BIDER, JOYCE	3.2 NAME	BIDER, SAM	
STREET ADDRESS	7700 N.W. 79TH AVE., SUITE P-7	3.3 STREET ADDRESS	7700 N.W. 79th AVENUE, #P-7	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, GORDON	4.2 NAME	KAMEN, CHRIS	
STREET ADDRESS	7510 NW 79TH AVE., SUITE Q-1	4.3 STREET ADDRESS	7640 N.W. 79th AVENUE, #L-1	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		5.1 TITLE	D	☒ Change ☐ Addition
NAME		5.2 NAME	SLOVEN, LINDA	
STREET ADDRESS		5.3 STREET ADDRESS	7750 N.W. 79th AVENUE #H-9	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTIE BIEL

0000743