2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90085 038 ****61.25

DOCUMENT # 769247

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

Swift Management So
1750 University Dr. #205
Coral Springs, Fl 33071

40072763

Principal Place of Business	Mailing Address
C/O CCM 10034 MCNAB RD. TAMARAC, FL 33321	C/O CCM 10034 MCNAB RD. TAMARAC, FL 33321

01072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Swift Management	Sam
Suite, Apt. #, etc. 1750 University Dr #205	Suite, Apt. #, etc. Swift Management Solutions
City & State Coral Springs Fl	City, State 1750 University Dr. #205 Coral Springs, Fl 33071
Zip 33071	Country / Zip

4. FEI Number
59-2443449
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILES, JAMES R 1003 W. MCNAB RD. TAMARAC, FL 33321 Kathleen Jenkins Swift Management Solutions 1750 University Dr. #205 Coral Springs, Fl 33071	Name Street Address (P.O. Box Number is Not Acceptable) Swift Management Solutions 1750 University Dr. #205 Coral Springs, Fl 33071 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: Kathleen Jenkins — Kathleen Jenkins — 04/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D CASANAS, SHIRLEY 10034 W MCNAB ROAD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BIDER, SAMUEL ~~10034 W MCNAB RD~~ 7700 NW 79th Ave D-2 TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLOVEN, NEIL 7750 NW 79th Ave H-9 ~~10034 W. MCNAB RD.~~ TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Doug Arnett 7630 NW 79th Ave K-6 TAMARAC, Fl 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Xavier Egitto Dir 7510 NW 79th Ave Q 4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Fran Giorgianni 7650 NW 79th Ave V-2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Kathleen Jenkins — 04/17/07 — 954-341-6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #