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

APPROVED AND FILED

1995 MAY -1 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N04847

1. Corporation Name

Bonaire at Woodmont No. 4, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified:
3a. Date of Last Report: 1994

4. FEI Number: 59-2463489 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % Gold Coast Prop Mgt	26 % Gold Coast Prop Mgt
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 10001 W Oakland Pk Blvd Suite 300	27 10001 W Oakland Pk Blvd Suite 300
23 Sunrise, FL	28 Sunrise, FL
Zip: 24 33351 Country: 25 USA	Zip: 29 33351 Country: 30 USA

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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Michelle Frigola
82 Street Address (P.O. Box Number is Not Acceptable): Nations Bank Tower
83: 1 Financial Plaza, Suite 2012
84 City: Fort Lauderdale FL 85 Zip Code: 33394

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Michelle C. Frigola, Esq. 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE		11 TITLE	P/D	
NAME		12 NAME	David Shaw	
STREET ADDRESS		13 STREET ADDRESS	7547 NW 79th Ave #214	
CITY-ST-ZIP		14 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		21 TITLE	V/D	
NAME		22 NAME	Sandra Blech	
STREET ADDRESS		23 STREET ADDRESS	7579 NW 79th Ave #303	
CITY-ST-ZIP		24 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		31 TITLE	S/D/T	
NAME		32 NAME	Muriel Greenspan	
STREET ADDRESS		33 STREET ADDRESS	7547 NW 79th Ave #310	
CITY-ST-ZIP		34 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		41 TITLE	D	
NAME		42 NAME	Seena Kuby	
STREET ADDRESS		43 STREET ADDRESS	7579 NW 79th Ave #4A-301	
CITY-ST-ZIP		44 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		51 TITLE	D	
NAME	2nd	52 NAME	Robert Shackelford	
STREET ADDRESS	5-1	53 STREET ADDRESS	7579 NW 79th Ave #4A-306	
CITY-ST-ZIP	D	54 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	SELMA COOPERMAN	61 TITLE	D	☐ Change ☑ Addition
NAME	7579 NW 79 AVE # 106	62 NAME	ANDY HARTMANN #108	
STREET ADDRESS	TAMARAC, FL. 33321	63 STREET ADDRESS	7547 NW 79 AVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMARAC, FL 33321	

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 address.

SIGNATURE: X Selma Cooperman Director 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number