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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N04847** **(2)**

1. Corporation Name

BONAIRE AT WOODMONT NO. 4, INC.

Principal Place of Business	Mailing Address
C/O GOLD COAST PROPERTY MANAGEMENT 10001 W. OAKLAND PARK BLVD.. #300 SUNRISE FL 33351 US	C/O GOLD COAST PROPERTY MANAGEMENT 10001 W. OAKLAND PARK BLVD.. #300 SUNRISE FL 33351 US

3. Date Incorporated or Qualified: 08/24/1984
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2463489 ☐ 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

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 C/O A&M PROPERTY MGMT, INC	26 C/O A&M PROPERTY MGMT INC
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FRIGOLA, MICHELLE
NATIOINS BANK TOWER
1 FINANCIAL PLAZA STE. #201
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: MICHELLE C. FRIGOLA, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 5340 NORTH FEDERAL HIGHWAY, SUITE 104
83
84 City: LIGHTHOUSE POINT **FL** 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [illegible] MICHELLE C. FRIGOLA, ESQ. 4/8/96
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAW, DAVID 7547 N.W. 79TH AVE. #214 TAMARAC FL 33321	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	7547 N.W. 79th AVE. #4B-214	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLECH, SANDRA 7579 NW 79TH AVE.#303 TAMARAC FL 33321	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD RUBIN, MARILYN 7579 N.W. 79th AVENUE #202 TAMARAC, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEENA, KUBY 7579 NW 79 AVE., #4A-301 TAMARAC FL 33321	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTMANN, ANDY 7547 NW 79TH AVENUE #108 TAMARAC FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPERMAN, SELMA 7579 NW 79TH AVENUE #106 TAMARAC FL 33321	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D GORDON, LAWRENCE 7579 N.W. 79th AVENUE #102 TAMARAC, FL 33321	☐ Change ☒ Addition

CR2E037 (12/95)

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)(k), 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: David Shaw DAVID SHAW 4/12/96 954.722-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #