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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 A & M PROPERTY MGMT INC. 10001 W. OAKLAND PARK BLVD., #300 SUNRISE FL 33351 US	C/O A & M PROPERTY MGMNT INC. 10001 W. OAKLAND PARK BLVD., #300 SUNRISE FL 33351-6925 US

3. Date Incorporated or Qualified: 08/24/1984
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business
21 3475 HIATUS Rd
22 Suite, Apt. #, etc.
23 City & State: SUNRISE FL
24 Zip: 33351 25 Country: USA

2a. Mailing Address
26 3475 HIATUS Rd
27 Suite, Apt. #, etc.
28 City & State: SUNRISE FL
29 Zip: 33351 30 Country: USA

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

9. Name and Address of Current Registered Agent

FRIGOLA, MICHELLE C. P
5340 N FEDERAL HWY, STE 104
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 FL

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: Signature of new or former 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, DAVID		1.2 NAME		
STREET ADDRESS	7547 79TH AVE, 4B-214		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, MARILYN		2.2 NAME		
STREET ADDRESS	7579 NW 79TH AVE, #202		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEENA, KUBY		3.2 NAME		
STREET ADDRESS	7579 NW 79 AVE., #4A-301		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARTMANN, ANDY		4.2 NAME		
STREET ADDRESS	7547 NW 79TH AVENUE #108		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COOPERMAN, SELMA		5.2 NAME		
STREET ADDRESS	7579 NW 79TH AVENUE #106		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, LAWRENCE		6.2 NAME		
STREET ADDRESS	7579 NW 79TH AVE, #102		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] SD