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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Apr 06, 1999 8:00 am
Secretary of State
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DOCUMENT # N04847

1. Corporation Name
BONAIRE AT WOODMONT NO. 4, INC.

Principal Place of Business	Mailing Address
3475 HIATUS RD. 10001 W. OAKLAND PARK BLVD.. #300 SUNRISE FL 3335f US	3475 HIATUS RD. 10001 W. OAKLAND PARK BLVD.. #300 SUNRISE FL 33351 US

2. Principal Place of Business	2a. Mailing Address
21 A & M Property Mgt	26 A & M PROPERTY MANGT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 3475 North Hiatus RD	27 3475 North Hiatus RD
City & State	City & State
23 Sunrise FL	28 Sunrisel FL
Zip / Country	Zip / Country
24 33351 25 USA	29 33351 30 USA

3. Date Incorporated or Qualifed: 08/24/1984

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Michelle C. Frigola President 3-18-99
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 79TH AVE, 4B-214 TAMARAC FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D William Napollello 7579 NW 79th Avenue #105 Tamarac, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUBIN, MARILYN 7579 NW 79TH AVE, #202 TAMARAC FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ 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	VP/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COOPERMAN, SELMA 7579 NW 79TH AVENUE #106 TAMARAC FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, LAWRENCE 7579 NW 79TH AVE, #102 TAMARAC FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	T/D	☒ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)