

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/29

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90382 033 \*\*\*\*61.25

**DOCUMENT # N04847**

1. Entity Name

**BONAIRE AT WOODMONT NO. 4, INC.**

Principal Place of Business

Mailing Address

A & M PROPERTY MGMT.  
3475 N. HIATUS RD  
SUNRISE FL 33351  
US

A & M PROPERTY MGMT.  
3475 N. HIATUS RD  
SUNRISE FL 33351  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2463489**

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

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

Name **Michelle C. Frigola, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE *Michelle C. Frigola, President* **Michelle C. Frigola** **3/21/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SHAW, DAVID              |                                            |
| STREET ADDRESS | 7547 79TH AVE, 4B-214    |                                            |
| CITY-ST-ZIP    | TAMARAC FL               |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | NAPOLIELLO, WM           |                                            |
| STREET ADDRESS | 7579 NW 79 AVE., #105    |                                            |
| CITY-ST-ZIP    | TAMARAC FL 33321         |                                            |
| TITLE          | VPD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | HARTMANN, ANDY           |                                            |
| STREET ADDRESS | 7547 NW 79TH AVENUE #108 |                                            |
| CITY-ST-ZIP    | TAMARAC FL               |                                            |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | COOPERMAN, SELMA         |                                            |
| STREET ADDRESS | 7579 NW 79TH AVENUE #106 |                                            |
| CITY-ST-ZIP    | TAMARAC FL               |                                            |
| TITLE          | ID                       | <input checked="" type="checkbox"/> Delete |
| NAME           | GORDON, LAWRENCE         |                                            |
| STREET ADDRESS | 7579 NW 79TH AVE, #102   |                                            |
| CITY-ST-ZIP    | TAMARAC FL               |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | RUBIN, MARILYN           |                                            |
| STREET ADDRESS | 7589 NW 79 AVE 202       |                                            |
| CITY-ST-ZIP    | TAMARAC FL               |                                            |

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Gene Petrino             |                                                                              |
| STREET ADDRESS | 7579 NW 79th Avenue #103 |                                                                              |
| CITY-ST-ZIP    | Tamarac, FL 33321        |                                                                              |
| TITLE          | SD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Napoliello, William      |                                                                              |
| STREET ADDRESS | 7579 NW 79th Avenue #105 |                                                                              |
| CITY-ST-ZIP    | Tamarac, FL 33321        |                                                                              |
| TITLE          | VPD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lee MAddalone            |                                                                              |
| STREET ADDRESS | 7579 NW 79th Avenue #207 |                                                                              |
| CITY-ST-ZIP    | Tamarac, FL 33321        |                                                                              |
| TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Selma Cooperman          |                                                                              |
| STREET ADDRESS | 7579 NW 79th Avenue #106 |                                                                              |
| CITY-ST-ZIP    | Tamarac, FL 33321        |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **SIGNATURE REQUIRED**

**3-19-01 954-720-5634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)