

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04847

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: BONAIRE AT WOODMONT NO. 4, INC.

## Current Principal Place of Business:

7707 N.W. 79 AVE.  
TAMARAC, FL 33321 US

## New Principal Place of Business:

## Current Mailing Address:

C/O MOODY 160 S UNIVERSITY DR  
SUITE E  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 59-2463489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RANDALL K ROGER & ASSOCIATES  
160 S UNIVERSITY DR  
SUITE E  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

BROUGH, CHADROW, AND LEVINE P.A.  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

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: BROUGH, CHADROW, AND LEVINE P.A.

01/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARAKAT, RUSS  
Address: 7547 NW 79 AVE  
City-St-Zip: TAMARAC, FL 33321

Title: VPD ( ) Delete  
Name: KUBY, SEENA  
Address: 7579 NW 79 AVE #201  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: KAHANE, STEPHEN  
Address: 7579 NW 79TH AVE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: PEARCE, MINERVA  
Address: 7579 NW 79TH AVENUE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: PASSANO, LINDA  
Address: 7579 NW 79 AVE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: COLON, CRUZ  
Address: 7579 NW 79 AVE  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSS BARAKAT

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date