# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 16 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08708 (2)

1. Corporation Name
BONAIRE VILLAGE AT WOODMONT NO. 2, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O GUARANTEE MANAGEMENT SERVICES<br>5300 NW 33RD AVE #104<br>FT LAUDERDALE FL 33309 | C/O GUARANTEE MANAGEMENT SERVICES<br>5300 NW 33RD AVE #104<br>FT LAUDERDALE FL 33309 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1985
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2443567 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

FRIGOLA, MICHELLE C
C&S BANK BUILDINGAVENUE
ONE FINANCIAL PLAZA, SUITE 2012
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: KAMEN, CHRIS
82 Street Address (P.O. Box Number is Not Acceptable): 7640 N.W. 79th AVENUE #L-1
83
84 City: TAMARAC FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P D | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KAMEN, A. CHRISTINE | 1.2 NAME | | |
| STREET ADDRESS | 7640 NW 79TH AVE L 1 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | | |
| TITLE | ST | 2.1 TITLE | VTD | ☒ Change ☐ Addition |
| NAME | BETTERLY, MARGARET | 2.2 NAME | MCGUIRE, PETER | |
| STREET ADDRESS | 7640 NW 79TH AVE | 2.3 STREET ADDRESS | 7610 N.W. 79th AVENUE, I-5 | |
| CITY-ST-ZIP | TAMARAC FL | 2.4 CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | VPD | 3.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | DESANTIS, DOROTHY | 3.2 NAME | D'ANTONI, TRICIA | |
| STREET ADDRESS | 7630 NW. 79TH AVE., #K-4 | 3.3 STREET ADDRESS | 7610 N.W. 79th AVENUE, I-4 | |
| CITY-ST-ZIP | TAMARAC FL | 3.4 CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SILVER, SHIRLEE | 4.2 NAME | DELETE | |
| STREET ADDRESS | 7640 NW 79TH AVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PROPOS, M | 5.2 NAME | DELETE | |
| STREET ADDRESS | 7610 NW 79TH AVE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

3-6-95

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)(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: _____ President 2/14/95 305-721-8852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHRIS KAMEN AS per Conversation w/ Chris Kamen

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