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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N08708

1. Corporation Name

BONAIRE VILLAGE AT WOODMONT NO. 2, INC.

Principal Place of Business	Mailing Address
A & M PROPERTY MGMT., INC. 3475 HIATUS ROAD SUNRISE FL 33351	A & M PROPERTY MGMT., INC. 3475 HIATUS ROAD SUNRISE FL 33351

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/15/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2443567 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHENDELL, TAMAR D ESQ
3650 N. FEDERAL HWY
#208
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 [signature] 3-8-99
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	TASSINARO, PAUL		1.2 NAME	Robert Schneider	
STREET ADDRESS	7610 NW 79TH AVE		1.3 STREET ADDRESS	7610 N.W. 79tth Ave.	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	SD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	TASSINARO, DONNA		2.2 NAME	Pamela Schlemer	
STREET ADDRESS	7610 NW 79TH AVE		2.3 STREET ADDRESS	7610 N.W. 79th Ave	
CITY-ST-ZIP	TAMARAC FL 33321		2.4 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	TD	☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	JONES, DAVID		3.2 NAME	Adrianna Jones	
STREET ADDRESS	7620 NW 79TH AVE		3.3 STREET ADDRESS	7610 N.W. 79th Ave.	
CITY-ST-ZIP	TAMARAC FL 33321		3.4 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	DD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURTON, CLAUDIA		4.2 NAME		
STREET ADDRESS	7630 NW 79TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLOCK, DAVID		5.2 NAME		
STREET ADDRESS	7047 GOLF PT. CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 3/23/99 954-733-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #