2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N08708

Entity Name: BONAIRE VILLAGE AT WOODMONT NO. 2, INC.

Current Principal Place of Business:

A & M PROPERTY MGMT., INC.
3475 HIATUS ROAD
SUNRISE, FL 33351

New Principal Place of Business:

C/O CCM
10034 W MCNAB ROAD
TAMARAC, FL 33321

Current Mailing Address:

A & M PROPERTY MGMT., INC.
3475 HIATUS ROAD
SUNRISE, FL 33351

New Mailing Address:

C/O CCM
10034 W MCNAB ROAD
TAMARAC, FL 33321

FEI Number: 59-2443567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILES, JAMES R
5 CCM
10034 W. MCNAB RD
FORT LAUDERDALE, FL 33321 US

Name and Address of New Registered Agent:

MILES, JAMES R
10034 W MCNAB ROAD
TAMARAC, FL 33321 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FORTENBACHER, KARL
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: SD ( ) Delete
Name: SCHLEMMER, PAMELA
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: PD ( ) Delete
Name: BEACHL, SUSAN
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: VPD (X) Delete
Name: RUSSELL, ANTONETTE
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: TD (X) Delete
Name: WILLIS, MELODI
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: WILLIS, MELODI
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: PD (X) Change ( ) Addition
Name: BEACH, SUSAN
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

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 for the exemption stated in Section 119.07(3)(i), 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: SUSAN BEACH PD 04/29/2005
Electronic Signature of Signing Officer or Director — Date