2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

EH ED

	Apr 30, 2008 8:00 am Secretary of State
2	04-30-2008 90152 045 ****61.25

DOCUMENT # N08708 1. Entity Name BONAIRE VILLAGE AT WOODMONT NO. 2. INC. Principal Place of Business 60031856 Mailing Address SWIFT MANAGEMENT SOLUTIONS, INC. C/O SWIFT 1750 UNIVERSITY DR #205 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Clo WEST BROWARD COMM MENT WEST BROWARD COMM MEMT Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-NP CR2E037 (12/06) 11530 STATE RD 84 P.O. Box 551390 City & State City & State 4. FEI Number 59-2443567 Applied For DAVIE FL AVIE Not Applicable 33332 Country \$8.75 Additional 5. Certificate of Status Desired U.SÁ 13905 -336Ed USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANGELA TIORE SWIFT, NICOLE R Street Address (P.O. Box Number is Not Acceptable)

LUEST BROWARD COMM MGMT 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 STATE RD 11530 DAVIE FL 8. The above named entity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of stered agent 4/01/08 -iorE SIGNA 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE V٩ Delete ARNETT, DOUGLAS FORTENBACHER, KARL NAME NAME 7630 NW 79 AVE. # K6 STREET ADDRESS 1750 UNIVERSITY DR #205 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TAMARAC FL 33321 TITLE ☐ Delete TITLE Change ■ Addition WILLIS, MELODI WILLIS, MELODI NAME NAME 7620 NW 79 AVE. # J7 1750 UNIVERSITY DR #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TAMARAC FL 33321 TITLE ☐ Delete TITLE Change Change ■ Addition BEACH, SUSAN NAME BEACH, SUSAN NALE 1750 UNIVERSITY DR 7610 NW 79 AVE. # 14 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-7P TAMARAC FL 33321 TITLE ADDi ition ☐ Delete MIF D RUSSELL, TAMIKA 7640 NW 79 AVE, L3 NAME NAME STREET ADDRESS STREET ADORESS TAMARAC FL 33321
PACETTI, CHRISTIAND CHANGE
7620 NW 79 AVE J6 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADORESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:	Seal Name of Signing	SUSAN OFFICER OR DIRECTOR	BEACH	4-14-08 Date	484-5478
Section 11 to 51 Maries while of Financial Maries on Single Con-					Daytime Phone #