


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90152 039 \*\*\*\*61.25

<b>DOCUMENT # N23410</b> 1. Entity Name <b>BONAIRE VILLAGE AT WOODMONT NO. 4 INC.</b>	
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Principal Place of Business <b>BONAURA VILLAGE IV 205 CORAL SPRINGS, FL 33071</b>	Mailing Address <b>2710 UNIVERSITY BRIVE POMPANO BEACH, FL 33071</b>
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60031862

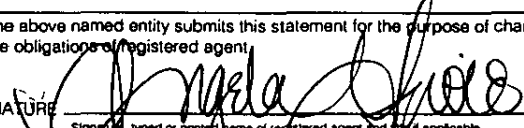


2. Principal Place of Business - No P.O. Box # <b>010 WEST BROWARD COMM MGMT</b> Suite, Apt. #, etc. <b>11530 STATE RD 84</b> City & State <b>DAVIE FL</b> Zip <b>33325</b> Country <b>USA</b>	3. Mailing Address <b>WEST BROWARD COMM MGMT</b> Suite, Apt. #, etc. <b>P.O. BOX 551390</b> City & State <b>DAVIE FL</b> Zip <b>33355-1390</b> Country <b>USA</b>
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01212008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0459557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SOUTH MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071</b>	
7. Name and Address of New Registered Agent Name <b>ANGELA FIORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>WEST BROWARD COMM MGMT</b> <b>11530 STATE RD 84</b> City <b>DAVIE</b> FL Zip Code <b>33325</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

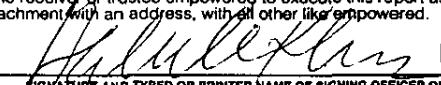
SIGNATURE  **ANGELA FIORE** DATE **4/01/08**

Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GITTO, A E 10034 WALKER ROAD TAMARAC, FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ARIENZO, FRANK 10034 W MCNAB RD. TAMARAC, FL 33321</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KLIMA, HELENA 7530 NW 79 AVE. # S5 TAMARAC FL 33321</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, ANITA 10034 W MCNAB RD. TAMARAC, FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GOLDBERG, LEONARD 10034 WALKER ROAD TAMARAC, FL 33321</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST GOLDBERG, DORIS 7510 NW 79 AVE. # Q3 TAMARAC FL 33321</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEINSTEIN, PHIL 10034 WALKER RD TAMARAC, FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **HELENA KLIMA** DATE **4/14/08** DAYTIME PHONE # **954-472-3820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #