2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N23410

Entity Name: BONAIRE VILLAGE AT WOODMONT NO. 4 INC.

Current Principal Place of Business:

C/O WEST BROWARD COMM MGMT
11530 STATE ROAD 84
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O WEST BROWARD COMM MGMT
11530 STATE ROAD 84
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 65-0459557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIORE, ANGELA
WEST BROWARD COMM MGMT
11530 STATE ROAD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	EGITTO, XAVIER	
Address:	7510 NW 79TH AVE. #Q4	
City-St-Zip:	TAMARAC, FL 33321	
Title:	PD	( ) Delete
Name:	BAMSEY, MATTHEW	
Address:	7530 NW 79 AVE. #S2	
City-St-Zip:	TAMARAC, FL 33321	
Title:	TD	( ) Delete
Name:	STIEF, GERALDINE	
Address:	7530 NW 79TH AVE. #S1	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	( ) Delete
Name:	LERNER, SOL	
Address:	7570 NW 79 AVE. #W3	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	(X) Delete
Name:	WEINSTEIN, PHILIP	
Address:	7520 NW 79 AVE. #R1	
City-St-Zip:	TAMARAC, FL 33321	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WEINSTEIN, PHILIP	
Address:	7520 NW 79 AVE, R1	
City-St-Zip:	TAMARAC, FL 33321	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MATTHEW BAMSEY P 04/23/2009

Electronic Signature of Signing Officer or Director — Date