

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27523

FILED
Jan 13, 2009
Secretary of State

Entity Name: BONAIRE AT WOODMONT NO. 1, INC.

Current Principal Place of Business:

7707 NW 79 AVE.
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O MOODY 160 S UNIVERSITY DR
SUITE E
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0065453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL K ROGER & ASSOCIATES
1 PARK PLACE
621 N W 53 STREET SUITE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

BROUGH, CHADROW, AND LEVINE, P.A.
1900 NORTH COMMERCE PARKWAY
WESTON,, FL 33326 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: BROUGH, CHADROW, AND LEVINE, P.A.

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETT, DOUG
Address: 7735 NW 79 AVE 108
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: STD () Delete
Name: CHITTY, ALVIN
Address: 7735 NW 79 AVE #207
City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete
Name: PINE, RICKEY
Address: 7735 NW 79 AVE.
City-St-Zip: TAMARAC, FL

Title: STD () Delete
Name: GARRITANO, DELORES
Address: 7737 NW 79TH AVE. #211
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SHIRLEY, FREDRICK
Address: 7737 NW 79 AVE 203
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: () 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 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: DOUG PETT

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date