2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # N27964** BONÁIRE VILLAGE AT WOODMONT NO.5, INC. 08 AUG 13 AM 9: 32 Principal Place of Business Mailing Address WEST BROWARD COMM MGMT WEST BROWARD COMM MGMT 11530 STATE ROAD 84 PO BOX 551390 FORT LAUDERDALE, FL 33355-1390 US FORT LAUDERDALE, FL 33325 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 65-0100954 City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIORE, ANGELA WEST BROWARD COMM MGMT Street Address (P.O. Box Number is Not Acceptable) 11530 STATE RD 84 FORT LAUDERDALE, FL 33325 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TS **S** Change TITLE Delete TITLE WEISBACH, ROSE WEISBACH, ROSE NAME NAME 7540 NW 79 AVE. #T2 STREET ADDRESS 7540 N.W. 79TH AVENUE, T-2 STREET ADDRESS TAMARAC FL 33321 TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME GIORGIANNI, FRAN NAME 7650 NW 79TH AVENUE # V-2 STREET ADDRESS STREET ADDRESS TAMARAC, FL 33321 CITY ST-ZIP CITY ST-ZIP Change ☐ Addition TITLE Delete TITLE MENCH, DENNIS NAME NAME STREET ADDRESS 7560 NW 79TH ST V-5 STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change FREDERICK, JOAN NAME NAME 7560 NW 79 AVE # V3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Addition TITLE ☐ Change TITLE ☐ Delete D BARTON, MELISSA NAME NAME 7560 NW 79 AVE. # V4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 attactment with an address, with all other like empowered. BUJUMU FRAN GIOR GIANNI SIGNATURE: