

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90019 013 ****61.25

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1. Entity Name

BONAIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O CCM
10034 MCNAB RD.
TAMARAC FL 33321

Mailing Address

C/O CCM
10034 MCNAB RD.
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2443449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, JAMES R
1003 W. MCNAB RD.
TAMARAC FL 33321**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASANAS, SHIRLEY	
STREET ADDRESS	10034 W MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SKOLNICK, ALLAN	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLOVEN, NEIL	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Egitho, Xavier	
STREET ADDRESS	10034 W McNab Rd	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Beach, Susie	
STREET ADDRESS	10034 W McNab Rd.	
CITY-ST-ZIP	Tamarac, FL - 33321	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Giorgianni, Fran	
STREET ADDRESS	10034 W McNab Rd.	
CITY-ST-ZIP	Tamarac, FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	J.P. Bider Samuel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10034 W McNab Rd	
STREET ADDRESS	Tamarac, FL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 647, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #