2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769247

Entity Name: BONAIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 05, 2016
Secretary of State
CC3518324837

Current Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 NORTH NOB HILL ROAD TAMARAC, FL 33321

Current Mailing Address:

C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 NORTH NOB HILL ROAD TAMARAC, FL 33321 US

FEI Number: 59-2443449 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE, BENDER, & REMBAUM 1200 PARK CENTRAL BLVD SOUTH POMPANO, FL 33064 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: ROBERT KAYE 04/05/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title P Title VP

Name KREINDEL, HOWARD Name WILLIS, MELODI

Address C/O CONSOLIDATED COMMUNITY Address C/O CONSOLIDATED COMMUNITY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

 Title
 D
 Title
 TREASURER

 Name
 CHILDRESS, LAURIE
 Name
 TUCKER, DAVE

Address C/O CONSOLIDATED COMMUNITY Address C/O CONSOLIDATED COMMUNITY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date