

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769247

**Entity Name:** BONAIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**May 03, 2023**  
**Secretary of State**  
**9897273397CC**

**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:**

BACKER ABOUD POLIAKOFF & FOELSTER, LLP  
400 S.DIXIE HIGHWAY  
THE ARBOR SUITE 420  
BOCA RATON, FL 33432 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: JONATHAN A. YELLIN**

**05/03/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NICOSIA, RYAN  
Address C/O CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title VP, TREASURER  
Name DRIVER, DOUGLAS  
Address C/O CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name CAMPANA, CARLOS  
Address C/O CONOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name CHILDRESS, LAURIE  
Address C/O CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name GUSTAVO, LEON  
Address C/O CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name ROSARIO, ED  
Address C/O CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
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.*

**SIGNATURE: CHILDRESS , LAURIE**

**PRESIDENT**

**05/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date