## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769247** 

Entity Name: BONAIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 09, 2022
Secretary of State
4951571640CC

## **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 03/09/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleDIRECTORTitleVP, TREASURERNameNICOSIA, RYANNameDRIVER, DOUGLAS

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 DIRECTOR Title PRESIDENT

Name CAMPANA, CARLOS Name CHILDRESS, LAURIE

Address C/O CONOLIDATED 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

TitleDIRECTORTitleDIRECTORNameGUSTAVO, LEONNameROSARIO, ED

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.