

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001280

Entity Name: GOLDEN BAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O CONSOLIDATED COMMUNITY MGMT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321**Current Mailing Address:**C/O CONSOLIDATED COMMUNITY MGMT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321**FEI Number:** 65-1126395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRALEY & OTTO P.A.
2699 STIRLING RD. STE C-207
HOLLYWOOD, FL 33312 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:** STEPHEN STRALEY**04/29/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FRANCIS, SANDRA
Address C/O CONSOLIDATED COMMUNITY
 MGMT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name MIGLANI, NARESH
Address C/O CONSOLIDATED COMMUNITY
 MGMT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title VP, DIRECTOR
Name BEBE, SERENA
Address C/O CONSOLIDATED COMMUNITY
 MGMT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title TREASURER, DIRECTOR
Name DE LUNA, JONATHAN
Address C/O CONSOLIDATED COMMUNITY
 MGMT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title SECRETARY, DIRECTOR
Name EL CHANTIRY, ZIAD
Address C/O CONSOLIDATED COMMUNITY
 MGMT
 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: FRANCIS , SANDRA**PRESIDENT****04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date