

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000001280

**Entity Name:** GOLDEN BAY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Dec 01, 2023**  
**Secretary of State**  
**4918037887CR**

**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**

**12/01/2023**

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: SANDRA FRANCIS**

**PRESIDENT**

**12/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date