

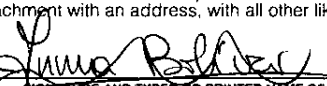


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 030 ****61.25

DOCUMENT # 754189 1. Entity Name BOUGAIN-VILLA OF BAY HARBOR ISLANDS CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																			
Principal Place of Business 1075 98TH STREET BAY HARBOR ISLANDS FL 33154 US		Mailing Address 1075 98TH STREET BAY HARBOR ISLANDS FL 33154 US																																																																																																																																																	
2. Principal Place of Business 1075, 98th str. Suite, Apt. #, etc.		3. Mailing Address 1075, 98th str. Suite, Apt. #, etc.																																																																																																																																																	
City & State BAY HARBOR ISLANDS, FL.		City & State BAY HARBOR ISLANDS FLORIDA																																																																																																																																																	
Zip 33154	Country USA	Zip 33154	Country USA																																																																																																																																																
6. Name and Address of Current Registered Agent TAWAKOL, JAN 1075 98TH STREET BAY HARBOR ISLANDS FL 33154		7. Name and Address of New Registered Agent Name MARIA INMACULADA BOLIVAR PEREZ Street Address (P.O. Box Number is Not Acceptable) 1075, 98th St. City BAY HARBOR ISLANDS, FL Zip Code 33154																																																																																																																																																	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  4/15/04. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
Make Check Payable to Florida Department of State																																																																																																																																																			
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:5%;">D</td> <td style="width:80%;">NAME MARIA INMACULADA BOLIVAR PEREZ</td> <td style="width:5%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td colspan="2">1075, 98th STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td colspan="2">BAY HARBOR ISLANDS, FL 33154</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:5%;">S</td> <td style="width:80%;">NAME MARCELLO ADDARIO</td> <td style="width:5%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td colspan="2">1065, 98th STREET, APT. # 8</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td colspan="2">BAY HARBOR ISLANDS, FL 33154</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:5%;">D</td> <td style="width:80%;">NAME MICHAEL ADDARIO ANDERSON</td> <td style="width:5%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td colspan="2">1065, 98th STREET, APT. # 9</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td colspan="2">BAY HARBOR ISLANDS, FL 33154</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:5%;"></td> <td style="width:80%;"></td> <td style="width:5%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:5%;"></td> <td style="width:80%;"></td> <td style="width:5%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	D	NAME MARIA INMACULADA BOLIVAR PEREZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		1075, 98th STREET		CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154		TITLE	S	NAME MARCELLO ADDARIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		1065, 98th STREET, APT. # 8		CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154		TITLE	D	NAME MICHAEL ADDARIO ANDERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		1065, 98th STREET, APT. # 9		CITY-ST-ZIP		BAY HARBOR ISLANDS, FL 33154		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  04/14/2004 (305) 865 3268 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																			