


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90049 013 \*\*\*\*61.25

<b>DOCUMENT # 754189</b> 1. Entity Name <b>BOUGAIN-VILLA OF BAY HARBOR ISLANDS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1075 98TH STREET BAY HARBOR ISLANDS FL 33154 US</b>		Mailing Address <b>1075 98TH STREET BAY HARBOR ISLANDS FL 33154 US</b>	
2. Principal Place of Business <b>1065-98 Street</b> Suite, Apt. #, etc. <b>0</b>		3. Mailing Address <b>1065-98 Street</b> Suite, Apt. #, etc. <b>0</b>	
City & State <b>Bay Harbor, Fla</b> Zip <b>33154</b>		City & State <b>Bay Harbor Fla</b> Zip <b>33154</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2192662</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BOLIVAR PEREZ, MARIA J 1075 98TH STREET BAY HARBOR ISLANDS FL 33154</b>		7. Name and Address of New Registered Agent Name <b>Isabel Deza</b> Street Address (P.O. Box Number is Not Acceptable) <b>1065-98 St #0</b> City <b>Bay Harbor</b> <b>FL</b> Zip Code <b>33154</b>	
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 <b>Isabel Deza (President)</b> DATE <b>7/21/05</b>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>S</b> NAME <b>ADDARIO, MARCELLO</b> STREET ADDRESS <b>1065 98TH STREET APT 8</b> CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	<input type="checkbox"/> Delete	TITLE <b>D President</b> NAME <b>Isabel Deza</b> STREET ADDRESS <b>1065-98 St #0</b> CITY-ST-ZIP <b>Bay Harbor FL 33154</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>BOLIVAR PEREZ, MARIA J</b> STREET ADDRESS <b>1075 98TH ST</b> CITY-ST-ZIP <b>BAY HARBOR ISLANDS FL 33154</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D Vice-President</b> NAME <b>Marcello Addario</b> STREET ADDRESS <b>1065-98 St #8</b> CITY-ST-ZIP <b>Bay Harbor, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>ALVARO, ARENAS</b> STREET ADDRESS <b>1065 98 ST. APT #3</b> CITY-ST-ZIP <b>BAY HARDOR ISLAND FL 33154</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D Treasurer</b> NAME <b>Isaac Lagari</b> STREET ADDRESS <b>1065-98 St #4</b> CITY-ST-ZIP <b>Bay Harbor, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>ANDERSON, MICHAEL</b> STREET ADDRESS <b>1065 98 ST. APT #9</b> CITY-ST-ZIP <b>BAY HARDOR ISLAND FL 33154</b>	<input type="checkbox"/> Delete	TITLE <b>S Secretary</b> NAME <b>Michael Anderson</b> STREET ADDRESS <b>1065-98 St #9</b> CITY-ST-ZIP <b>Bay Harbor, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>LAGARI, ISAAC</b> STREET ADDRESS <b>1065 98TH STREET APT 4</b> CITY-ST-ZIP <b>MIAMI BEACH FL 33154</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Isabel Deza (President)**

**7/21/05**

Date

Daytime Phone #