FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF S
DIVISION OF CORPOR

DOCUMENT # 764940 (3)

95 APR 14 AM 9:54

APR 14 AM 9:

1. Corporation Name

BOGEY SIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RE/MAX REALTY TEAM 3501 DEL PRADO BLVD., #110 CAPE CORAL FL 33904	C/O RE/MAX REALTY TEAM 3501 DEL PRADO BLVD., #110 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1982
3a. Date of Last Report: 07/20/1994
4. FEI Number: 51-7396262 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 Master's Real Estate Inc	26 Master's Real Estate Inc
Suite, Apt. #, etc. 22 6385 Presidential Ct	Suite, Apt. #, etc. 27 6385 Presidential Ct
City & State 23 Ft. Myers FL	City & State 28 Ft. Myers FL
Zip 24 33919 Country 25	Zip 29 33919 Country 30 USA

9. Name and Address of Current Registered Agent

WELLBROCK, GEORGE
C/O RE/MAX REALTY TEAM
3501 DEL PRADO BLVD., #110
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: Linda S. Clayton
82 Street Address (P.O. Box Number is Not Acceptable): Master's Real Estate Inc
83: 6385 Presidential Ct.
84 City: Ft Myers FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Linda S Clayton — 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☑ Change ☐ Addition
NAME	PUCCIO, JAMES	1.2 NAME	DARIO Zulgani	D
STREET ADDRESS	3501 DEL PRADO BLVD. #310	1.3 STREET ADDRESS	1529 SE 15th Terr.	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral FL	
TITLE	VDT	2.1 TITLE	VPT	☑ Change ☐ Addition
NAME	ZULGANI, DARIO	2.2 NAME	Joe Thomas	D
STREET ADDRESS	1529 SE 15TH TERRACE	2.3 STREET ADDRESS	600 ORCHARD ST.	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CRANFORD, NJ 07016	
TITLE	SD	3.1 TITLE	James Cadini Hizo	☑ Change ☐ Addition
NAME	PUCCIO, JAMES	3.2 NAME		
STREET ADDRESS	3501 DEL PRADO BLVD #310	3.3 STREET ADDRESS	1321 SW 16th Trr.	D
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Cape Coral, FL Sec/Treas By	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PUCCIO, JAMES	4.2 NAME		
STREET ADDRESS	610 S.W. 47TH TERRACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dario Zulgani — 3-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000033