## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

BOGEY SIDE CONDOMINIUM ASSOCIATION, INC.

Secretary of State
ite Incorporated or Qualified

**FILED** 

Apr 20 1998 8:00am

Principal Place of Business Mailing Address						. 01011 91011 01011 01811 1081
Fillicipal Flac	e or pasmess	Mailing Address				
1321 SW 16TH		1321 SW 16TH TERR #102 CAPE CORAL FL 33991		3. Date Incorporated or Qualified		
CAPE CORAL I				09/09/1982		
US		US			4. FEI Number	Applied For
					51-7396262	Not Applicable
2. Principal Place of Business		2e. Mailing Address 26		Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip Country		Yes No		
24	25	29 34			Personal Property Tax due June 30.	ent year intangible Yes 🔲 No
24]	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered A	
			81	Name		
DOCALE	EN CURTIS AND SCOTT BROW	AI	<u> </u>			
	Y 18TH TERR	•	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
#102	T IOIN IENN		83			
	ORAL FL 33991					
			84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	, the above	named cor	poration submits this statement for the purpose of a ation's board of directors. I hereby accept the appo	changing its registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Florid	da Statute	3.	silon's board or directors. Thereby accept the appo	IIILINGIII da registored
SIGNATURE						
12.	Signature, typed or printed name of registered age			nt aignature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 40
TITLE	OFFICERS ANI	DELETE	13.			Change Addition
NAME	, •		1.2 NAME		•	T custings T variation
The state of the s	Curtis, rosaleen 1321 SW 16TH TERR #102					
STREET ADDRESS	CAPE CORAL FL		1.3 STREET			
CITY-ST-ZIP	VT	☐ DELETE	1.4 City-S 2.1 Title	1-ZIP	1	Change Addition
NAME	BROWN, SCOTT	_ otterie	2.7 THEE		•	Change Addition
	1321 SW 16 TERR #201	:	2.3 STREET	ADDDCCC		
STREET ADDRESS	CAPE CORAL FL	ı	1			
CITY-ST-ZIP	STD	☐ DELETE	2. 4 CITY - S 3.1 TITLE	51-212		Change Addition
NAME	TIMPONE, JUDITH	vecele	3.2 NAME		•	
STREET ADDRESS	1321 SW 16 TERR #202		3.3 STREET	ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY - 5			
TITLE	OINE OOINETE	DELETE	4.1 TITLE	21 449		Change Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		<del>-</del>	5.2 NAME	j		. —
STREET ADDRESS			5.3 STREET	ADORESS		
CITY-ST-ZIP			5.4 CITY - S	<b>.</b>		
TITLE		☐ DELETE	6.1 TITLE	. 411		Change Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET	ADDRESS		
CITY ST. 7ID			6.4 CITY S			

14. Thereby 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 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. #florida Statutes is the same appears in Block 12 or Block 13 if changed.

SIGNATURE:

4-13-98

941-574-8163