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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764940**

1. Corporation Name
BOGEY SIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1321 SW 16TH TERR #102 CAPE CORAL FL 33991 US	1321 SW 16TH TERR #102 CAPE CORAL FL 33991 US

2. Principal Place of Business 21	2a. Mailing Address 26 17171-12 Terraverde Cir.	3. Date Incorporated or Qualified 09/09/1982	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-7396262	Applied For Not Applicable
City & State 23	City & State 28 Ft. Myers, Fl.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33908 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSALEEN CURTIS AND SCOTT BROWN
1321 SW 16TH TERR
#102
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name: Darren Schoof
82 Street Address (P.O. Box Number is Not Acceptable): 17171-12 Terraverde Circle
83
84 City: Fort Myers FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Darren Schoof Darren P. Schoof DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CURTIS, ROSALEEN		1.2 NAME		
STREET ADDRESS	1321 SW 16TH TERR #102		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, SCOTT		2.2 NAME		
STREET ADDRESS	1321 SW 16 TERR #201		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TIMPONE, JUDITH		3.2 NAME		
STREET ADDRESS	1321 SW 16 TERR #202		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Gail Collin		4.2 NAME		
STREET ADDRESS	1321 SW 16th Terr. #201		4.3 STREET ADDRESS		
CITY-ST-ZIP	Cape Coral, Fl.		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Joe Barros		5.2 NAME		
STREET ADDRESS	1321 SW 16th Terr #101		5.3 STREET ADDRESS		
CITY-ST-ZIP	Cape Coral, Fl. 33991		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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 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, with all other like empowered.

SIGNATURE: Rosaleen Curtis **REQUIRED** 3-16-99 547-8163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)