2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2004 8:00 am Secretary of State 03-16-2004 90046 048 ****61.25

DOCUMENT # 764940								03-16-2004 90046 048 ****61.25				
1. Entity Name BOGEY SIDE CONDOMINIUM ASSOCIATION, INC.												
Principal Place 1321 SW 16 #201 CAPE CORAL	TH TERRACE		1321 #201	Mailing Address 1321 SW 16TH TERRACE #201 CAPE CORAL, FL 33991 US				24023503				
2. Principal P	lace of Busir	ness	3. Maili	3. Mailing Address								LI II IICI
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03092004	Chg-NP	CR2E037 (10)/03)	
City & State			City	City & State				4. FEI Number 51-73962	262	يد د سب بيوس	_	lied For Applicable
Zip		Country	Zip	Zip		Country		5. Certificate of	Status Desired		75 Addit	
6. Name and Address of Current R				d Agent		7. Name and Address of New Registered Agent						
COLLIN, GAIL							Name					
1321 SW 16TH TERRACE #201 *-						Street A	ddress (H	P.O. Box Number i	s Not Acceptabl	e) 		
CAPE CO	33991						•					
City Control of the C												
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.												
the obligations of registered agents.												
SIGNATURE Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)												
;	_	e is \$61.25 May 1, 2004		9. Election Carr Trust Fund C	-		\$5.00 May Be Added to Fees	Flo	lake check pay rida Departmen		ite	
10. OFFICERS AND DIRECTORS							A	ADDITIONS/CHAN		RS AND DIRECT	ORS IN	10
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NAME STREET ADDRESS	COLLIN, GAIL 1321 SW 16TH TERRACE, #201					ie Eet address						1
CITY-ST-ZIP	CAPE CORAL, FL 33991					-ST-ZIP						
TITLE NAME	VD FISH, LAURA					ξ ·					Change	☐ Addition
STREET ADDRESS	1674 EDI		NAM STRE	EET ADDRESS								
CITY-ST-ZIP	CAPE CORAL, FL_33904					-ST-ZIP				:2	<u></u>	<u> </u>
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CITY-ST-ZIP				Detete Detete	TITL	(-ST-ZIP	*******	***************************************			Change -	- Addition
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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: Mailfallin President 3/11/04 239-7725908												5908
	-,- -	AND THE AND THE O	BROWER MAL	E OF COMMO OFFICER	OR PUREO	700			Date	Doutimo	Phone #	