2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90050 009 ****62.00

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1. Entity Name
BOGEY SIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1321 SW 16TH TERRACE #201 CAPE CORAL, FL 33991 US	1321 SW 16TH TERRACE #201 CAPE CORAL, FL 33991 US

DO NOT WRITE IN THIS SPACE

03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number
51-7396262

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIN, GAIL
1321 SW 16TH TERRACE
#201
CAPE CORAL, FL 33991

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLIN, GAIL
STREET ADDRESS	1321 SW 16TH TERRACE, #201
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	VD
NAME	SCALISE, MARC
STREET ADDRESS	1321 SW 16TH TERRACE #103
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	SD
NAME	CONLEY, AMY
STREET ADDRESS	1321 SW 16TH TERRACE 102
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marie Collin President 3/31/05 239-772-5908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #