

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 764940	
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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
COLLIN, GAIL 1321 SW 16TH TERRACE #201 CAPE CORAL FL 33991	

REINSTATEMENT 07	
1st MOORE CR2E037 (10/06)	
4. FEI Number	Applied For
51-7396262	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW. FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	TITLE		
NAME	COLLIN, GAIL	NAME	200111503392	
STREET ADDRESS	1321 SW 16TH TERRACE, #201	STREET ADDRESS	10/30/07--01055--006 **62.00	
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP		
TITLE	VP	TITLE		
NAME	CRANFORD, SHELLY	NAME	200111503392	
STREET ADDRESS	3730 SW 4TH LN	STREET ADDRESS	11/26/07--01046--019 **183.00	
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP		
TITLE	SD	TITLE		
NAME	CONLEY, AMY	NAME		
STREET ADDRESS	1321 SW 16TH TERRACE 102	STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or other like empowered.	
SIGNATURE: <i>Gail Collin President</i>	10/22/07 2039 826 194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
2007 NOV 26 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

