2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764940

FILED Jan 07, 2009 Secretary of State

Entity Name: BOGEY SIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1321 SW ⁻ #201	16TH TERRAC	E		
. —	RAL, FL 33991	US		
Current M	lailing Addres	s:	New Mailing Addres	ss:
1321 SW ⁻ #201	16TH TERRAC	E		
	RAL, FL 33991	US		
FEI Number	: 51-7396262	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
COLLIN, C	BAIL 16TH TERRAC	E		
4 201	RAL, FL 33991	US		
#201 CAPE COI The above			ourpose of changing its registere	ed office or registered agent, or both,
#201 CAPE COI The above	e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
#201 CAPE CO The above n the State	e named entity s e of Florida. RE:			ed office or registered agent, or both, Date
#201 CAPE COI The above n the State SIGNATUI	e named entity s e of Florida. RE:	ubmits this statement for the place of Signature of Registered Ag	ent	
#201 CAPE COI The above n the State SIGNATUI	e named entity see of Florida. RE: Electron S AND DIRECT PD () COLLIN, GAIL	ubmits this statement for the place of Registered Agrona Construction of R	ent	Date
#201 CAPE COI The above n the State SIGNATUI OFFICER: Value: Name: Address:	e named entity se of Florida. RE: Electron S AND DIRECT PD () COLLIN, GAIL 1321 SW 16TH CAPE CORAL, F	ubmits this statement for the price Signature of Registered Agronal Police TERRACE, #201 FL 33991 US Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL COLLIN PD 01/07/2009