



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # 766064 1. Entity Name BOUGAINVILLEA CONDOMINIUM ASSOCIATION OF COLONIALTOWN, INC.	
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Principal Place of Business 1120 PORTLAND AVENUE UNIT 4 ORLANDO, FL 32803	Mailing Address 1120 PORTLAND AVENUE UNIT 4 ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE

	
01142008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 51-0489673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, LISBETH G 1120 PORTLAND AVE. UNIT 4 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, LEWIS 1120 PORTLAND AVE #9 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, LISBETH G 1120 PORTLAND AVE #4 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDLEY, ANNE 1120 PORTLAND AVE #5 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, CARMEN 1120 PORTLAND AVE #6 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCILE, TOM 1120 PORTLAND AVE #8 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, MAURY 1120 PORTLAND AVE #2 ORLANDO, FL 32803

<p>U00000815553 02/14/08-80013-025 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  24-08 401-895-5213	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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