


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00108</b>	
1. Entity Name <b>BOUGAINVILLE 4627 CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>4627 BOUGAINVILLE DR. LAUDERDALE BY THE SEA, FL 33308 US</b>	Mailing Address <b>C/O ANN RHINESMITH POST OFFICE BOX 147 HOPE, NJ 07844 US</b>
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02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2366465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ROBERT KAYE AND ASSO., P.A. 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FACCHINI, DOM 35 COLUMBIA TERR WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RHINESMITH, ANN PO BOX 147 HOPE, NJ 07844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILLAM 4660 N. OCEAN DR. LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000830923  
02/26/08-80101-024 61.25

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:** Ann Rhinesmith Ann Rhinesmith 2/13/08 908-459-4918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #