2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State
03-25-2008 90007 043 ****61.25

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1. Entity Name
BIGHAM GALLERIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1250 NORTH TAMIAMI TRAIL 101 NAPLES, FL 34102	1250 NORTH TAMIAMI TRAIL 101 NAPLES, FL 34102

40051632

02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2506155
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMERON REAL ESTATE SERVICES, INC.
1250 N. TAMIAMI TRAIL
101
NAPLES, FL 34102

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BIGHAM, GARY
STREET ADDRESS	2425 TAMIAMI TRAIL N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	CHASNOV, CRAIG
STREET ADDRESS	10801 CORKSCREW RD., SUITE 179
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	TS
NAME	DEE, BRUCE
STREET ADDRESS	2425 TAMIAMI TRAIL N., #214
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	Director
NAME	Bogan, Jeff
STREET ADDRESS	2425 Tamiami Trail N #212
CITY-ST-ZIP	Naples FL. 34103
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 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: _____ 2/14/08 239-250-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #