

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010212

FILED  
Oct 24, 2008  
Secretary of State

**Entity Name:** BOUGAINVILLEA VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

537 NORTH LANE AVENUE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

537 NORTH LANE AVENUE  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WRIGHT, THOMAS D  
9711 OVERSEAS HIGHWAY  
MARATHON, FL 33050 US

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.

SIGNATURE: THOMAS D WRIGHT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHILF, ROGER  
Address: 537 NORTH LANE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP ( ) Delete  
Name: LANE, RAYMOND  
Address: 537 NORTH LANE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: S,T ( ) Delete  
Name: WRIGHT, THOMAS D  
Address: 9711 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAYMOND L LANE

VP

10/24/2008

Electronic Signature of Signing Officer or Director

Date