

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90026 004 ****61.25

DOCUMENT # N25387

1. Entity Name
**THE COURTYARD ON BOUGAINVILLE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4525 BOUGAINVILLE DRIVE
#8
LAUDERDALE BY THE SEA, FL 33308**

Mailing Address
**4525 BOUGAINVILLE DRIVE
#8
LAUDERDALE BY THE SEA, FL 33308**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0027004

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, BARBARA J
4525 BOUGAINVILLE DRIVE
6
LAUDERDALE BY THE SEA, FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUDAH, RITA**
STREET ADDRESS **4525 BOUGAINVILLE DR., 3**
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE **D/P** ☐ Delete
NAME **HORNIK, JANET**
STREET ADDRESS **4525 BOUGAINVILLE DR #2**
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE **D/ST** ☐ Delete
NAME **PARKER, BARBARA J**
STREET ADDRESS **4525 BOUGAINVILLE DR., APT.6**
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **LAPORTE, MARY C**
CITY-ST-ZIP **571 NW 66 AVE
PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Barbara J. Parker

Secretary/Treasurer

4/7/08

954-351-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #