

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90233 007 ****70.00

DOCUMENT # N94000002842

1. Entity Name
BOUGAINVILLEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**2665 W GULF
 SANIBEL FL 33957
 US**

Mailing Address
**P O BOX 930
 SANIBEL FL 33957-0930
 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**Kenoyer Real Estate
 P.O. Box 1106**

City & State
Sanibel, Florida

Zip
33957

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent

**KENT, ROBERT N
 2665 W. GULF DRIVE SUITE 2
 P.O. BOX 930
 SANIBEL FL 33957**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	THOMAS WOODWORTH	
STREET ADDRESS	2665 W. GULF DR., #3	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNETH GILL	
STREET ADDRESS	2665 W. GULF DR., #1	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRITCHAD, WILLIAM	
STREET ADDRESS	4697 RUG BELLE MER	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUIRK, THOMAS	
STREET ADDRESS	2665 W GULF DR #4	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KENT, ROBERT N	
STREET ADDRESS	2665 W GULF DR #2	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS WOODWORTH	
STREET ADDRESS	2665 W. Gulf Dr., #3	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, DALE	
STREET ADDRESS	2665 W. Gulf Dr., #1	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY WOODWORTH	
STREET ADDRESS	2665 W. Gulf Dr., #3	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRK, THOMAS	
STREET ADDRESS	2665 W. Gulf Dr	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, ROBERT	
STREET ADDRESS	2665 W. Gulf Dr., #2	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Dale Hanson, President** 1/18/00 472-4526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)