

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90273 007 ****70.00

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1. Entity Name
BOUGAINVILLEA CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**C/O KENOYER REAL ESTATE
P.O. BOX 1106
SANIBEL, FL 33957 US**



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIRK, DEBBIE 2665 W. GULF DRIVE #4 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENT, ROBERT 2665 W. GULF DRIVE, #2 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, DALE 2665 W. GULF DRIVE, #2 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRK, TOM 2665 W. GULF DR., #4 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWORTH, NANCY 2665 W. GULF DR., #3 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOODWORTH, THOMAS 2665 W. GULF DR. #3 SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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: **Robert Kent**

4/27/05 239-472-4526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #