2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N95000004895

Entity Name: BOUGAINVILLAS CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DR
#206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR
#206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0677348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPOERT MANAGEMENT CORP.
1044 CASTELLO DR #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHAUS, TIM
Address: 3222 KARST CT
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete
Name: ATEN, TIMOTHY
Address: 3210 KARST COURT
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: BENDER, ELIZABETH
Address: 3515 MAGENTA CT.
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: MALCOM, FORREST
Address: 3323 ROSINKA
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: BOGDANOFF, STEVEN
Address: 3303 ROSINKA
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: PLOSKI, LARRY
Address: 3690 WEYMOUTH CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: MALCOM, FORREST
Address: 3323 ROSINKA COURT
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change ( ) Addition
Name: FIGURELLI, JENNIFER
Address: 2219 ROSINKA COURT
City-St-Zip: NAPLES, FL 34112

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY PLOSKI P 04/12/2006

Electronic Signature of Signing Officer or Director — Date