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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000944 (6)**

1. Corporation Name

**BOUGAINVILLEA GARDENS CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

**542 11TH AVENUE SOUTH
NAPLES FL 33940**

Mailing Address

**542 11TH AVENUE SOUTH
NAPLES FL 34102-7134**



3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

2. Principal Place of Business
548 11th Avenue South

2a. Mailing Address
548 11th Avenue South

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34012

Country
USA

Zip
34102

Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KANNENSOHN, JEFFREY S.~~
~~4501 TAMiami TRAIL N.~~
~~SUITE 400~~
~~NAPLES FL 33940~~

81 Name

Jennie Tracey

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

548 11th Avenue South

83

84 City

Naples,

FL

85 Zip Code
34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jennie D. Tracey

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

P,D

☒ Change ☐ Addition

1.2 NAME

Donald Forte

1.3 STREET ADDRESS

542 11th Avenue South

1.4 CITY - ST - ZIP

Naples, FL 34102

2.1 TITLE

V,T,D

☒ Change ☐ Addition

2.2 NAME

Jennie Tracey

2.3 STREET ADDRESS

548 11th Avenue South

2.4 CITY - ST - ZIP

Naples, FL 34012

3.1 TITLE

S,D

☒ Change ☐ Addition

3.2 NAME

Helen Kennedy

3.3 STREET ADDRESS

536 11th Avenue South

3.4 CITY - ST - ZIP

Naples, FL 34102

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jennie D. Tracey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 (941) 643-4455

Date

Daytime Phone # **0088433**

CR2E037 (9/96)