


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000944 1. Entity Name BOUGAINVILLEA GARDENS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 548 11TH AVE SOUTH NAPLES, FL 34102 US	Mailing Address 800 SEAGATE DRIVE, SUITE 202 NAPLES, FL 34103 US
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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0750968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
OTT, MARITA 548 11TH AVE S NAPLES, FL 34102	Donald Forte 542 11th Avenue South Naples, FL 34102

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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	VD FORTE, DONALD 542 11TH AVE S NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTT, MARITA 548 11TH AVE S NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUNTHER, MR 536 11TH AVE S NAPLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/04-80003-008 61.25

**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: Donald Forte (DONALD FORTE) 1/12/04 239-261-3085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #