2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

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1. Entity Name
BOUGAINVILLA'S TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
710-720 NE 15TH AVENUE FORT LAUDERDALE, FL 33304	716 NE 15TH AVENUE FORT LAUDERDALE, FL 33304

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01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0885130
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONOVAN, RICHARD P
716 NE 15TH AVE.
FT LAUDERDALE, FL 33304

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AKHNONKI, MINNA
STREET ADDRESS	720 NE 15TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	TSD
NAME	DONOVAN, RICHARD
STREET ADDRESS	716 NE 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	PD
NAME	GONZALEZ, JOHN
STREET ADDRESS	718 NE 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	MCCARTHY, MIKE
STREET ADDRESS	712 NW 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	V
NAME	BROMAGEN, WILLIAM
STREET ADDRESS	714 NW 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1/4/06 305-557-9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #