

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

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90079 007 \*\*\*\*61.25

**DOCUMENT # N99000000635**

1. Entity Name

THE BOUGAINVILLEA HOUSE GALLERY, INC.



Principal Place of Business

12420 OVERSEAS HIGHWAY  
MARATHON, FL 33050

Mailing Address

12420 OVERSEAS HIGHWAY  
MARATHON, FL 33050

20007136



**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0896008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D P.A.  
5800 OVERSEAS HIGHWAY  
SUITE 40  
MARATHON, FL 33050

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

D  
PARTNEY, LINDA  
580 79TH STREET OCEAN  
MARATHON, FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
TOTTEN, BARBARA  
PO BOX 510148 181 2ND ST  
KEY COLONY BEACH, FL 33051

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
SCHAEFFLER-MURPHY, ALISON  
323 CALZADA DE BOUGAINVILLEA  
MARATHON, FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Dorothy Carney  
12420 Overseas Hwy  
Marathon FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/04

305-743-0808