2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90153 015 ****61.25

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1. Entity Name
BOUGAINVILLEA SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
619 EUCLID AVENUE, #2D MIAMI BEACH, FL 33139	619 EUCLID AVENUE, #2D MIAMI BEACH, FL 33139

03242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
619 EUCLID AVE Suite, Apt. #, etc.	309 23rd ST Suite, Apt. #, etc. 300
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 65-0911470 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VAN DYKE, MICHAEL
619 EUCLID AVENUE, #2D
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name REGATTA REAL ESTATE MGMT.
Street Address (P.O. Box number is not acceptable) 309 23 ST # 300
City MIAMI BEACH FL Zip Code 33139

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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN DYKE, MICHAEL 619 EUCLID AVENUE, #2D MIAMI BEACH, FL 33139	☐ Delete	TITLE DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUBBARD, WILLIAM 619 EUCLID AVENUE, #1A MIAMI BEACH, FL 33139	☐ Delete	TITLE PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEBEAU, ARMAND 1605 MERDIAN AVENUE, #301 MIAMI, FL 33139	☐ Delete	TITLE SECRETARY	☒ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ FRODA, LUIGI 619 EUCLID AVE 1-B MIAMI BEACH FL 33139	☐ Delete	TITLE DIRECTOR	☒ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	RITTER, CONRAD 619 EUCLID AVE 2-D MIAMI BEACH FL 33139	☐ Delete	TITLE TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING OFFICER OR~~ DIRECTOR Date Daytime Phone #