

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002494

FILED
Apr 19, 2009
Secretary of State

Entity Name: BOUGAINVILLEA SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

619 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

309 23RD ST STE 300
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0911470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGATA REAL ESTATE MGMT
309 23RD ST, # 300
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUBBARD, WILLIAM
Address: 757 SE 17TH STREET #902
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: DS () Delete
Name: LEBEAU, ARMAND
Address: 1605 MERIDIAN AVENUE, #301
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: WIGDER, FRODA
Address: 1492 FIRST AVENUE APT #2N
City-St-Zip: NEW YORK, NY 10021

Title: DT () Delete
Name: RITTER, CONRAD
Address: 6100 WEST SUBURBAN DRIVE
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: PEDULLA, PAUL
Address: 619 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV (X) Change () Addition
Name: WIGDER, FRODA
Address: 1492 FIRST AVENUE APT #2N
City-St-Zip: NEW YORK, NY 10021

Title: DV (X) Change () Addition
Name: RITTER, CONRAD
Address: 6100 WEST SUBURBAN DRIVE
City-St-Zip: MIAMI, FL 33156

Title: DT () Change (X) Addition
Name: LANGSDALE, CANDIDA
Address: 619 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HUBBARD

DP

04/19/2009

Electronic Signature of Signing Officer or Director

Date