

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90055 001 ****30.63
05-22-2006 90055 002 ****30.63

| | | | | | |
|---|---|--|---|---|----|
| DOCUMENT # N99000006362 1. Entity Name POINCIANA-BOUGAINVILLEA CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 3670 POINCIANA AVENUE COCONUT GROVE FL 33133 | | Mailing Address 3670 POINCIANA AVENUE COCONUT GROVE FL 33133 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number NO-T APPLICABLE | |
| Zip | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent BUFFER, CATHI 3670 POINCIANA AVENUE COCONUT GROVE FL 33133 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| | | | Zip Code | | |
| 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 | | <i>Stachura Ann Post</i> N/A | | DATE 4-26-06 | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD BUFFER, CATHI 3670 POINCIANA AVENUE COCONUT GROVE FL 33133 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DANIEL, PERRON 3671 BOUGAINVILLEA AVENUE COCONUT GROVE FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BUFFET, ALAN 3670 POINCIANA AVE COCONUT GROVE FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stachura Ann Post* 4-26-06