


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006362</b>			
1. Entity Name <b>POINCIANA-BOUGAINVILLEA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3670 POINCIANA AVENUE COCONUT GROVE FL 33133</b>		Mailing Address <b>3670 POINCIANA AVENUE COCONUT GROVE FL 33133</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BUFFER, CATHI 3670 POINCIANA AVENUE COCONUT GROVE FL 33133</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
		4. FEI Number <b>NO-T APPLICABLE</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
		1st MOORE CR2E037 (10/07)	
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 _____			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			



<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BUFFER, CATHI	TITLE	U00000824949 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3670 POINCIANA AVENUE	NAME	02/20/08-80098-012 30.75
STREET ADDRESS	COCONUT GROVE FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	VD DANIEL, PERRON	TITLE	U00000824949 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3671 BOUGAINVILLEA AVENUE	NAME	02/20/08-80098-013 30.75
STREET ADDRESS	COCONUT GROVE FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	SD BUFFET, ALAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3670 POINCIANA AVE	NAME	
STREET ADDRESS	COCONUT GROVE FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			

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:** *Cathi Buffer*

2-1-08