

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90188 001 ****17.60
01-08-2003 90188 002 ****43.65

DOCUMENT # N99000006362



1. Entity Name
POINCIANA-BOUGAINVILLEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3670 POINCIANA AVENUE 3670 POINCIANA AVENUE
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **31-3544396** Applied For
 Net Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUFFER, CATHI
3670 POINCIANA AVENUE
COCONUT GROVE FL 33133

Name *N/A*
Street Address (P.O. Box Number is Not Acceptable) *N/A*
City *N/A* 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 *Cathi Buffer* *No Change* DATE

FILE NOW: FEE IS \$61.25

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	BUFFER, CATHI	3670 POINCIANA AVENUE	COCONUT GROVE FL 33133	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	DANIEL, PERRON	3671 BOUGAINVILLEA AVENUE	COCONUT GROVE FL 33131	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	BUFFET, ALAN	3671 BOUGAINVILLEA AVENUE	COCONUT GROVE FL 33131	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* *1/2/03* *305 4461653*

CR2E037 (10/02)