

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BUFFER, CATHI</b> <b>3670 POINCIANA AVENUE</b> <b>COCONUT GROVE FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DANIEL, PERRON</b> <b>3671 BOUGAINVILLEA AVENUE</b> <b>COCONUT GROVE FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BUFFET, ALAN</b> <b>3671 BOUGAINVILLEA AVENUE</b> <b>COCONUT GROVE FL 33131</b>	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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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]* **SIGNATURE REQUIRED** *1/2/03* *305 4461653*

CR2E037 (10/02)