

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -3 AM 8:52

DOCUMENT # **N40878 (3)**  
1. Corporation Name  
**BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% ALL FLORIDA PROP. MGT  
1301 BEVILLE RD. STE 21  
DAYTONA BEACH FL 32119**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/19/1990 03/25/1994**  
4. FEI Number Applied For  
**59-3038569** Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HEDRICK, DAVID  
ALL FLORIDA PROPERTY MANAGEMENT, INC  
1301 BEVILLE ROAD, SUITE 21  
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Typed or printed name of registered agent and title if applicable) (Print. Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUIMOND, GEORGE
STREET ADDRESS	442 BOUCHELLE DR #102
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	TVD
NAME	NORTH, CARLTON
STREET ADDRESS	442 BOUCHELLE DR #103
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	SD
NAME	LAMUS, WILLIAM-
STREET ADDRESS	442 BOUCHELLE DR #103
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD
33 STREET ADDRESS	PHILLIPS, ASA
34 CITY-ST-ZIP	442 Bouchelle Dr., #203 New Smyrna BEach, FL 32169
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute the report as required by Chapter 017, Florida Statutes; and that my name appears on the 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Guimond* 204-935 904 423 3249  
George GUIMOND  
MANAGING OFFICER OR DIRECTOR