FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N40878

BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC

6 ALL FLORIDA PROP. MGT	
301 BEVILLE RD. STE 21	
AYTONA REACH EL 32119	

2. Principal Place of Business

21

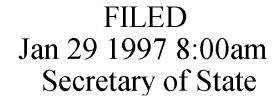
Principal Place of Business

Mailing Address

2a. Mailing Address

% ALL FLORIDA PROP. MGT 1301 BEVILLE RD. STE 21 DAYTONA BEACH FL 32119-1503

(3)





3a. Date of Last Report 03/22/1996

Applied For

3. Date Incorporated or Qualified 11/19/1990

4. FEI Number 59-3038569

21]			26	26					59-3038569		Not	Applicable]	
	Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				F. O. 177 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		\$8.7		dditional	1	
22				27	7					Certificate of Status Desired	ш	Fe	e Rec	juired	ı
	City & State	0	City & State						6. Election Campaign Financing		\$5.	00 r	May Be	1	
23				28						Trust Fund Contribution		Add	ded to	Fees	
_	Zip		Country	\perp	Zip	c	ountry			8. This corporation has liability for			ers.	199.032,	
24			25	29		30	-, -				X Yes			_	1
		9, Name	and Address of Curren	Regi	stered Agent		-			0. Name and Address of New R	egistered .	Agent			1
							81	Name							
HEDRICK, DAVID							82	Street Ad	idress	(P.O. Box Number is Not Accepta	ble)				1
ALL FLORIDA PROPERTY MANAGEMENT, INC														·	4
), SUITE 21				83								ı
	DAYTONA	N BEACH F	L 32119				84	City				85	Zip C	ode	1
								· _			<u>FL</u>				
11	. Pursuant t	to the provis	ions of Sections 617,0502	and	617,1508, Florida :	Statutes, the	above	e-named co	orpora	tion submits this statement for the	purpose of	changi	ng its	registered	Ì
	agent. I a	m familiar w	ith, and accept the obliga	itions	of, Section 617.050	D3, Florida Si	atutes	ine corpor i.	allori	s board of directors. I hereby acce	prine app	OHAIMOI	1 65 1	egistered	
SIC	GNATURE _														ı
		Signature, typed	for printed name of registered ager				<u>-</u>	nt signature req	quired w	hen reinstafing)	DATE				۱,
12		00	OFFICERS AND	DIRE		13				ADDITIONS/CHANGES TO OFFI	CERS AND				18
TIT		PD	D 050505		☐ DELET		TITLE					☐ Cha	ige	■ Addition	18
	NAME GUIMOND, GEORGE					1.2 NAME								15	
STREET ADDRESS 442 BOUCHELLE DR #102				1.3	1.3 STREET ADDRESS								یّا		
	Y-ST-ZIP						CITY-S	T-ZIP				-			ؤٍ
TITL		VPD			DELET	E 21	TITLE	ĺ				Cha	ige	☐ Addition	١
NAX	AE [CARLTON			2.2	NAME								ļ
STR	EET ADDRESS		CHELLE DR #103			2.3	STREET	ADDRESS							
_	Y-ST-ZIP		YRNA BEACH FL			$\overline{}$	CITY-S	ST-ZIP]
TITL	.E	STD			☐ DELET	E 3.1	TITLE					Cha	ıge	Addition	
NAX	AE .	PHILLIPS				3.2	NAME								
STR	EET ADDRESS		CHELLE DRIVE, #203			3.3	STREET	ADDRESS							
CIT	Y-ST-ZIP	NEW SM	YRNA BEACH FL				CITY-S	ST - ZIP							
TITL	.E				☐ DELET	E 41	TITLE					L Cha	nge	Addition	
NAM	AE .					4. 2	NAME								
STR	EET ADDRESS					4.3	STREET	ADDRESS							
CIT	/-ST-ZIP						CITY-S	T- ZIP							Ţ
TITL	.E				☐ DELET	E 5.1	TITLE					Cha	nge	Addition	ŀ
NAS	AE					5.2	NAME								
STR	EET ADDRESS					5.3	STREET	ADDRESS							1
ÇIT	r-ST-ZIP					5.4	CITY-S	T-ZIP							
TITL	E				DELET	E 61	TITLE					Char)ge	Addition	1
NAN	Æ Ì					6.2	NAME								
STR	EET ADDRESS					6.3	STREET	ADDRESS							
CITY	Y-ST-ZIP					6.4	CITY-S	T- ZIP							1
14.	do hereb	y certify tha	t the information supplied	with 1	this filing does not	quality for th	е өхө	mption state	ed in	Section 119.07(3)(i), Florida Statuti	es. I further	certify	that th	ne	1
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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.															