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FILED
Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40878 (3)

1. Corporation Name
BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 1301 BEVILLE RD. STE 21 DAYTONA BEACH FL 32119	Mailing Address 1301 BEVILLE RD. STE 21 DAYTONA BEACH FL 32119
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3. Date Incorporated or Qualified
11/19/1990

4. FEI Number
59-3038569

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 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 City	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David E. Hedrick* **David E. Hedrick, CAM** **2-27-98**

Signature (last or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUIMOND, GEORGE	
STREET ADDRESS	442 BOUCHELLE DR #102	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NORTH, CARLTON	
STREET ADDRESS	442 BOUCHELLE DR #103	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ASA	
STREET ADDRESS	442 BOUCHELLE DRIVE, #203	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *George Guimond* **George Guimond** **2-27-98** **904 423 2249**

CR2E037 (10/97)